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*Service by Fax Not Accepted*

## APPLICATION FOR AN APPEAL OF ZONING LAW DETERMINATION

### VIA PERSONAL DELIVERY

Glens Falls Department of Building & Codes  
230-234 Dix Avenue  
Glens Falls, New York 12801

Re: Proposed Project of AMH Resources Corp.  
Project Site: 47-50 Cooper Street, Glens Falls, NY  
Tax Map Parcels: 303.13-19-16 & 17  
Request for Appeal of Determination

Dear Chairman Purner:

Please be advised that this office represents MMSI Properties, LLC. in connection with its objection to the above-captioned project as presently proposed. My client's office are located at 51-57 Walnut Street, Glens Falls, NY, within the Light Industrial District, and directly across Cooper Street from the project site. A copy of my client's deed is annexed hereto and labeled as Exhibit "A." It is well-settled that nearby landowners are "persons aggrieved" who may appeal from a decision, despite the fact that the decision appealed from concerned lands not their own. Steers Sand & Gravel Corp. v. Brunn, 116 N.Y.S.2d 143. Courts have further held that "persons aggrieved" for purposes of appeals to a zoning board of appeals must be liberally construed. See, Matter of Horan v. Board of Appeals, 6 Misc.2d 571. ("the spirit and intent of zoning, combined with justice itself, requires that under section 179-b of the Village Law the broadest possible interpretations should be given to the words 'such appeal may be taken by any person aggrieved'")

My office is in receipt of two use determinations relating to the above-captioned project: (1) the letter of Christopher P. Anderson, Glens Falls Department of Building & Codes, dated April 16, 2018, and (2) the letter from Stefanie Dilallo Bitter, attorney for the applicant dated April 17, 2019 which contains the undated countersigned acknowledgement of Kris Vanderzee, Glens Falls Code Enforcement Officer. Copies of these zoning interpretations issued by the City of Glens Falls Staff and presently being appealed are annexed hereto and labeled as Exhibit "B." These decisions both state that the above-captioned project is a permissible use in the proposed location. We strongly believe these decisions misinterpret both the relevant zoning district and the nature of the use as proposed to the detriment of our client. Accordingly, please consider this letter, our formal application to the Glens Falls ZBA requesting it exercise its appellate power to review and

issue its own determination and interpretation as to whether this project is a permissible use at the proposed location.

In connection with this request and to elaborate on my client's position, please consider the following:

**50 COOPER STREET IS LOCATED IN THE R-1B DISTRICT AND  
THE PROPOSED USE IS NOT ALLOWED IN THE R-1B DISTRICT  
WITHOUT A USE VARIANCE**

Pursuant to the records of the City of Glens Falls and County of Warren, 50 Cooper Street (Tax Map Parcel 303.13-19-16) is zoned 1 Family Moderate Density (R-1B District). Attached with this letter as Exhibit "C" are copies of the Warren County Imagemate listing for the property and the City of Glens Falls' Assessment Roll information sheet. As you can see, both list the property as being zoned R-1B. My understanding is that there may be some conflict between these property records and the Glens Falls Zoning Map on file in the Glens Falls City Clerk's Office. In such event, "where uncertainty exists in determining the precise location of any district boundary line, the Zoning Board of Appeals shall interpret the intent and purpose of the zoning map." Glens Falls Zoning Code §220-7(F).

Section 220-11 governs land usage in the R-1B district. The stated purpose and intent of this district is "to provide for areas within the City of Glens Falls where the living environment associated with the development of single-family dwellings on moderately sized lots is preserved and/or where the development of such environment is encouraged." Glens Falls Zoning Code §220-11(A). This provision specifically prohibits "all business, commercial and industrial development of the land, as well as any "use which would substantially interfere with or be deleterious to the development or continuation of single-family dwellings in this residential zoning district." Glens Falls Zoning Code §220-11(A)(2).

In accordance with these principals, permitted principal uses in the R-1B district are:

- (1) Single-family detached dwellings;
- (2) Public schools;
- (3) Public parks, public playgrounds and other public recreational facilities.

Glens Falls Zoning Code §220-11(B).

Permitted accessory uses in the R-1B district are:

- (1) Private garages and accessory structures;
- (2) Noncommercial greenhouses
- (3) Home swimming pools for nonconforming use;
- (4) Television and/or radio antennas that:
  - (a) Are freestanding; constructed on and/or supported at ground level; and are 45 feet or less above ground level.
  - (b) Are attached to a structure and extend 15 feet or less above the highest point of structure.

- (5) Accessory equipment which is not enclosed or concealed within or part of a structure and which is erected or installed or placed in service to serve a new structure.

Glens Falls Zoning Code §220-11(C).

Uses permitted upon site plan review and approval by the City of Glens Falls Planning Board are:

- (1) Places of worship and associated buildings;
- (2) Public utility facilities;
- (3) Television and/or radio antennas that:
  - (a) Are freestanding; constructed on and/or supported at ground level; and are greater than 45 feet above ground level;
  - (b) Are attached to a structure and extend more than 15 feet above the highest point of the structure
- (4) Home occupations – as the term is defined in Glens Falls City
- (5) Accessory equipment which is not enclosed or concealed within or part of a structure and which is erected or installed or placed in service to serve an existing structure.
- (6) Television satellite dishes with a diameter greater than two feet or dishes that are not mounted to the building.

Glens Falls Zoning Code §220-11(D).

The underlying intention in establishing the R-1B district is apparent when looking at both the uses permitted in the zoning district as well as the uses that are not permissible without a use variance. Simply put, this is a zoning district designed for a single-family residential neighborhood.

For the reasons above, we believe a determination that the project is located, at least in part, within the R-1B District should be forthcoming from the ZBA. The R-1B zone clearly does not allow for a sprawling 29-unit housing complex within its boundaries and, because this use is not within the scope of permissible uses outline above, a use variance should be required before this project can continue.

**THE PROPOSED USE IS ALSO NOT PERMITTED IN IN THE LIGHT  
INDUSTRIAL DISTRICT ABSENT A USE VARIANCE**

All allowable uses in the Light Industrial District are subject to site plan review. Glens Falls Zoning Code §220-20(B). Relevant to the application before the ZBA here is §220-20(C)(18): single-family, two-family and multifamily housing. It is respectfully submitted that no other allowable uses in the light industrial district are relevant or potentially applicable to this project. See, Glens Falls Zoning Code §220-20(C). Likewise, this project has been classified by both the applicant and the City of Glens Falls as a multifamily use for purposes of determining whether it is permissible in the Light Industrial District. See, April 17, 2019 Zoning Determination.

‘Dwelling, Multifamily’ is defined as “A building or portion thereof containing three or more dwelling units designed and used for occupancy by three or more families living independently of each other.” Glens Falls Zoning Code §220-4. It is respectfully submitted that

the proposed project is not a multifamily dwelling within the scope of this definition. In contrast to the representations made to the City of Glens Falls, a review of the Applicant's funding grant application to the Empire State Supportive Housing Initiative Round 3, Document #OMH01-ESSHI3-2018-00162 (hereinafter the "Grant Application"), a copy of which is annexed hereto and labeled as Exhibit "D," indicates that this project has an institutional component that we do not believe has been fully disclosed to the City of Glens Falls in earnest.<sup>1</sup>

The Grant Application states that fourteen (14) units will be for individuals with 'Serious Mental Illness.' The Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition defines Serious Mental Illness as a diagnosis of mental illness, which impairment impacts social, vocational and psychological functioning. See e.g., "Definition of Serious Mental Illness for Health Home Eligibility," available at [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/smi\\_definition\\_for\\_health\\_home\\_eligibility.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/smi_definition_for_health_home_eligibility.pdf)

Presumably in an effort to address the needs of these individuals, the Applicant has proposed a number of caregiving and vocational services for the residents at the premises. The Grant Application states that "In addition to housing, WWAMH provides "Outpatient Clinical Therapy and Psychiatric services to both adults and children, Health Home Care Management, Representative Payee services, a Dual Recovery Program, and a Psychosocial Rehabilitation Social Club for adults." See, Exhibit D, pg. 3. In Page 4 of its Grant Application the Applicant states that "by definition, permanent supporting housing provides the needed requirements of non-time-limited affordable housing located in newly developed apartment settings, *combined with wrap-around supportive services for people experiencing homelessness as well as other disabilities or life challenges*" See, Exhibit "D," pg. 4. The Grant Application further states that a variety of specific services such as life skills training and support, security, basic medical health services, mental health evaluation and treatment, substance abuse treatment, domestic violence services, etc. would be helpful to the population being housed at the project, some of which it could offer on-site. See, Exhibit "D," pg. 4. In response to grant question regarding supportive services provided to the targeted population through the funding grant, the Applicant answered

"Health services will be ongoing as indicated . . . children's services and educational advocacy . . . Employment and vocational training and/or assistance, and life skills training will be offered. Staff will assist individuals through case management, assisting with legal issues and the court process as needed, benefit acquisition, management and documentation, and eviction prevention services. Skill building on tenant responsibilities may also be a focus. Additionally, counseling and crisis intervention, trauma informed assessment and care and services, and risk assessment/reduction/safety planning will be part of the program." See, Exhibit D, pg. 7.

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<sup>1</sup> It is also noted that the Applicant stated in its Grant Application that no variance would be required for this project – something which has proven inaccurate, having already received an area variance from this Board relating to relief from front yard setback requirements.

While these services are presumably necessary for the residents and well-intentioned, it is not describing a multifamily apartment unit of families living completely independently of one another; it is describing a shared facility offering communal services to troubled individuals in need of institutional care. upon the Applicant's own description of the project, it more closely resembles the following:

- 'Health-care facility' defined in the code as "A building or site used for the treatment of illness, disease, injury deformity and any other physical or mental condition, including rehabilitation activities, and which is operated by individuals in the health industry licensed by the State of New York." Glens Falls Zoning Code §220-4.
- 'Nursing home' defined in the code as "any building, other than a hospital, where persons are housed or lodged and furnished with meals and nursing care for hire."

Both of these uses would require a use variance in both the Light Industrial District and the R-1B District.

To supplement the Glens Falls Zoning Code's definition of "multiple dwelling," New York State further states that "a 'multiple dwelling' shall not be deemed to include a hospital . . . or public institution." New York Municipal Dwelling Law §4(7). Despite its substantial assets, given that the Applicant has chosen to fund this application with grants from the State, we would argue that this project constitutes a 'public institution.

Based upon the following, it is respectfully submitted that this application is not a permissible use in either the R-1B District or the Light Industrial District pursuant to the Glens Falls Zoning Code. It follows that a determination must be made that a use variance must be applied for and approved in order for this development to occur at its proposed location at 47-50 Cooper Street.

Thank you.

Respectfully Submitted,  
STAFFORD, CARR & McNALLY, P.C.



Nathan Hall, Esq.

cc: Edward Fitzgerald, Esq. (via e-mail)

## **EXHIBIT “A”**

WARREN COUNTY  
PAMELA J. VOGEL DOCUMENT# 00009043  
COUNTY CLERK VOLUME# 3659 PAGE# 283  
Lake George, NY 12845



Instrument Number: 2008- 00009043

As

Recorded On: October 30, 2008

Deed Commercial

Parties: MILLER ELIZABETH A

To

MMSI PROPERTIES LLC

Billable Pages: 10

Recorded By: HERZOG LAW FIRM PC

Num Of Pages: 11

Comment:

**\*\* Examined and Charged as Follows: \*\***

Deed Commercial	90.00	Cover Page	5.00	RP-5217 Commercial	165.00
TP-584	5.00				
Recording Charge:	265.00				
		Consideration			
	Amount	Amount	RS#/CS#		
Transfer Tax	0.00	0.00	TT 881	Basic	0.00
GLENS FALLS CITY				Local	0.00 Special Additional 0.00
				Additional	0.00 Transfer 0.00
Tax Charge:	0.00				

RECORDED  
County Clerks Office  
Oct 30, 2008 03:31P  
Pamela J. Vogel  
Warren County Clerk

**\*\* THIS PAGE IS PART OF THE INSTRUMENT \*\***

I hereby certify that the within and foregoing was recorded in the Clerk's Office For: WARREN COUNTY, NY

**File Information:**

Document Number: 2008- 00009043  
Receipt Number: 93221  
Recorded Date/Time: October 30, 2008 03:31:08P  
Book-Vol/Pg: Bk-RP VI-3659 Pg-283  
Cashier / Station: s slater / Cash Station 3

**Record and Return To:**

HERZOG LAW FIRM PC  
7 SOUTHWOODS BLVD  
ALBANY NY 12211

Quit-Claim Deed  
51-57 Walnut Street - Glens Falls  
SBL 303.17-3-5 - Parcels 1 - 5

**THIS INDENTURE**

Made the 18 day of September  
Two Thousand Eight

**Between**

**ELIZABETH A. MILLER**, residing at 1071 Ridge Road, Queensbury, NY  
12804, party of the first part, and

**MMSI PROPERTIES, LLC.** a New York limited liability company, with  
offices at 51 Walnut Street, P.O. Box 504 Glens Falls, New York 12801, party of  
the second part,

Witnesseth that the party of the first part, in consideration of **TEN AND  
00/100 Dollars (\$10.00)** lawful money of the United States, and other good and  
valuable consideration paid by the party of the second part, does hereby remise,  
release and quitclaim unto the party of the second part, its heirs, successors and  
assigns forever all right, title and interest in and to:

**SCHEDULE "A" ATTACHED HERETO**

**PARCEL 1**

**BEING** the same premises conveyed to said party of the first part by deed  
which has been recorded immediately preceding the filing of this deed.

**PARCEL 2**

**BEING** the same premises conveyed to said party of the first part by deed  
which has been recorded immediately preceding the filing of this deed.

**PARCEL 3**

**BEING** the same premises conveyed to said party of the first part by deed  
which has been recorded immediately preceding the filing of this deed.

**PARCEL 4**

**BEING** the same premises conveyed to said party of the first part by deed  
which has been recorded immediately preceding the filing of this deed.

**PARCEL 5**

**BEING** the same premises conveyed to said party of the first part by deed  
which has been recorded immediately preceding the filing of this deed.

**THIS** conveyance is made subject to all enforceable conditions,  
covenants, easements and restrictions of record, if any.

**TOGETHER** with all the right, title and interest, if any, of the party of the  
first part in and to any streets and roads abutting the above described premises  
to the center lines thereof,

**Kindly Record and Return to:**  
**HERZOG LAW FIRM/PMT(djc)**  
7 Southwoods Boulevard  
Albany, New York 12211



TOGETHER with the appurtenances and all the estate and right of the party of the first part in and to said premises.

TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, its heirs, successors and assigns forever.

AND, the party of the first part, in compliance with Section 13 of the Lien Law, will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied for the purpose of paying the cost of any improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purposes.

The word "party" shall be construed as if it read "parties" whenever the sense of this Indenture so requires.

IN WITNESS WHEREOF, the party of the first part has hereunto set her hand and seal the day and year first above written.

IN PRESENCE OF

  
ELIZABETH A. MILLER L.S.

STATE OF NEW YORK  
COUNTY OF *Saratoga*

On the 18 day of September in the year 2008 before me, the undersigned, a Notary Public in and for said State, personally appeared ELIZABETH A. MILLER, personally known to me or proved to me on the basis of satisfactory evidence to be the individuals whose names are subscribed to the within instrument and acknowledged to me that she executed the same in her capacities, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

HARRY V.B. MILLER  
Notary Public, State of New York  
No. 02MI4805825  
Qualified in Albany County  
Commission Expires January 31, 2011

  
Notary Public

**QUITCLAIM DEED**

ELIZABETH A. MILLER

TO

MMSI PROPERTIES, LLC.

ALL THAT TRACT OF PARCEL OF LAND situate in the City of Glens Falls, County of Warren and State of New York, bounded and described as follows: BEGINNING at a point on the east side of Walnut Street, said point being the southwesterly corner of lands now or formerly owned by Lena Dingman; thence running North 86° 47' east along said Dingman south boundary 125.08 feet to an iron pipe set in the ground; thence North 7° 28' east along said Dingman's east boundary 59.53 feet to an iron pipe set in the ground; thence North 86° 42' east along lands formerly of Pruyn 43.23 feet to an iron pipe set in the ground; thence South 20° 26' east along lands of the Delaware and Hudson Railroad Corporation 161.33 feet to an iron pipe set in the ground; thence South 81° 38 minutes west along lands of E.B. Ashton Coal Companies, Inc. 250.14 feet to an iron pipe set in the ground on the east side of Walnut Street; thence North 7° 22' east along the east side of Walnut Street 120.0 feet to the place of beginning.

Together wit the unrestricted use in common by E.B. Ashton Coal Companies, Inc. and T.J. Kennedy Distributing Company, Inc. to a spur railroad track and its appurtenances located on premises of E.B. Ashton Coal Companies, Inc. adjoining and immediately south of the premises herein conveyed.

ALSO CONVEYING, All that certain plot, piece or parcel of land situate, lying and being in the City of Glens Falls, County of Warren, State of New York, bounded and described as follows: A ten (10) foot strip of lands located along the northerly boundary of premises conveyed by T.J. Kennedy Distributing Company, Inc. to the City of Glens Falls by deed dated January 28, 1982, and recorded in the Warren County Clerk's Office on February 11, 1982, in Book 644 of Deeds at Page 755, as said parcel is described in said deed.

Subject to all covenants, easements and restrictions of record, if any, affecting said premises.

**ALL THAT CERTAIN PARCEL OF LAND** together with the building thereon, situate in the City of Glens Falls, Warren County, State of New York, bounded and described as follows:

**BEGINNING** at a 1-1/2 inch diameter pipe stake set in the west boundary of Cooper Street at a distance of 302.10 feet southerly, measured along said boundary, from its intersection with the south boundary of Dix Avenue and running thence South 5 degrees 40 minutes West along the west boundary of Cooper Street for a distance of 408.30 feet to another 1-1/2 inch pipe stake set at the intersection of the easterly boundary of the Delaware and Hudson Railroad right of way with west boundary of Cooper Street; thence North 21 degrees 13 minutes West along the easterly boundary of the said railroad land for a distance of 457.77 feet to a 1-1/2 inch pipe stake; thence South 84 degrees 20 minutes East, perpendicular to the line of Cooper Street and passing 30 feet northerly of the north wall of the building located on the described premises (measured at right angles thereto) for a distance of 206.96 feet to the place of beginning, being a triangular parcel of land.

**A MORE MODERN DESCRIPTION OF THE PREMISES IS AS FOLLOWS:**

**ALL THAT CERTAIN PIECE OR PARCEL OF LAND**, situate, lying and being in the City of Glens Falls, County of Warren and State of New York, more particularly bounded and described as follows:

**BEGINNING** at a point on the westerly bounds of Cooper Street at the southeasterly corner of the lands of Clark Trading Corporation by deed dated April 27, 1984 and recorded in Book 661 of Deeds at Page 394 and further located some 302.01 feet southerly of Dix Avenue; thence running South 05 degrees 40 minutes and 00 seconds West along the westerly bounds of said Cooper Street, a distance of 407.75 feet to the Delaware & Hudson Railroad Company; thence running North 21 degrees 14 minutes and 07 seconds West along said Delaware & Hudson Railroad tracks, a distance of 457.23 feet to the southwesterly corner of said lands of Clark Trading Corporation; thence running South 84 degrees 20 minutes and 00 seconds East along the southerly bounds thereof, a distance of 206.88 feet to the point and place of beginning, containing 0.97 acres of land, to be the same more or less.

**BEARINGS** given in the above description refer to magnetic North.

**SUBJECT TO** easements of record.

**SUBJECT TO** a railroad right-of-way reserved over the side track to the Glens Falls Machine Works and located at the southerly end of the property above described.

**SCHEDULE A con't.**

**EXCEPTING AND RESERVING** All that certain piece or parcel of land situate, lying and being in the City of Glens Falls, County of Warren and State of New York, more particularly bounded and described as follows: **BEGINNING** at a point in the westerly bounds of Cooper Street at the southeast corner of the lands of Clark Trading Corporation and the northeast corner of said lands of Myles M. Miller as described in a deed dated February 25, 1997 and recorded in Book 1013 of Deeds at page 78; thence running South 05 degrees and 40 minutes West along the westerly bounds of said Cooper Street, a distance of 407.75 feet to the southeasterly corner of said lands of Myles M. Miller; thence running North 21 degrees, 14 minutes and 07 seconds West along the lands now or formerly of the Delaware & Hudson Railroad Company right-of-way, a distance of 28.73 feet; thence running North 05 degrees and 40 minutes East parallel to and 13.00 feet from said Cooper Street, a distance of 274.13 feet; thence running along a curve to the left having a radius of 92.00 feet, a distance of 144.51 feet to a point for a corner; thence running North 84 degrees and 20 minutes West parallel to and 16 feet from the northerly line of said lands of Myles M. Miller, a distance of 93.76 feet to a point in the easterly bounds of said Delaware & Hudson Railroad Company; thence running North 21 degrees, 14 minutes and 07 seconds West along said Delaware & Hudson Railroad Company, a distance of 17.94 feet to the northwesterly corner of said lands of Myles M. Miller; thence running South 84 degrees and 20 minutes East along the lands of Clark Trading Corporation, a distance of 206.88 feet to the point and place of beginning, containing 9988.00 square feet of land, to be the same more or less.

Bearings given in the above description refer to magnetic North.

**SUBJECT** to easements of record.

**BEING** the same premises conveyed to the County of Warren by deed, dated May 31, 2000, and recorded in the Warren County Clerk's Office on August 16, 2000 in Liber 1177 of Deeds at Page 170.

Parcel 3  
Schedule A

DOCUMENT# 00009043  
VOLUME: 3659 PAGE: 289

**ALL THAT CERTAIN PIECE OR PARCEL** of land situate, lying and being in the City of Glens Falls, County of Warren and the State of New York, more particularly bounded and described as follows:

**BEGINNING** at a point in the easterly bounds of the Delaware & Hudson Railroad Company and located South 21 degrees, 14 minutes and 07 seconds East, a distance of 17.94 feet as measured along said railroad from the northwest corner of the lands of Myles M. Miller as described in a deed dated February 25, 1997 and recorded in book 1013 of deeds at page 78; thence running South 21 degrees, 14 minutes and 07 seconds East along said lands of Myles M. Miller, a distance of 410.56 feet to a point for a corner; thence running South 05 degrees and 40 minutes West on a line parallel to and 13.00 feet westerly of the westerly bounds of Cooper Street, a distance of 55.00 feet to a point for a corner, thence running South 19 degrees, 38 minutes and 42 seconds West, a distance of 62.48 feet to a point in the southwesterly bounds of said lands of the Delaware & Hudson Railroad Company; thence running North 21 degrees, 17 minutes and 37 seconds West along said westerly bounds, a distance of 322.00 feet to an angle point therein for a corner; then continuing North 21 degrees, 14 minutes and 07 seconds West along the westerly bounds of said Delaware & Hudson Railroad Company, a distance of 218.39 feet to a point therein for a corner; thence running South 84 degrees and 20 minutes East across said Delaware & Hudson Railroad Company lands, a distance of 74.13 feet to the point and place of beginning, containing 0.73 acres of land, to be the same more or less.

Bearings given in the above description refer to magnetic North.

Parcel 4  
SCHEDULE A

DOCUMENT# 00009043  
VOLUME: 3659 PAGE: 290

**PARCEL 1:**

ALL THAT CERTAIN PIECE, PARCEL OR LOT OF LAND, situate, lying and being in the City of Glens Falls, County of Warren and State of New York, conveyed by Sheila D. Abare to Kenneth L. Abare by deed dated August 27, 1973 and recorded in the Warren County Clerk's Office August 29, 1973 in Book 572 of Deeds at Page 589, and therein described as follows:

BEGINNING at an iron pin in the easterly line of Walnut Street in said City and at the southwest corner of a lot of land now or previously owned by William O'Connor, which point is also the northwesterly corner of the land hereby conveyed; running thence northeasterly along the division line between the premises of said William O'Connor and the premises of the party of the first part hereto, 125' 2-1/2" to an iron pin set in the ground for a corner; thence southerly in a straight line 60' 6" to an iron pipe set in the ground for a corner in the southerly line of a lot of land heretofore conveyed by Charles W. Deneen and Mary Deneen to Glens Falls Coal Company; thence along the southerly line of said premises conveyed by Charles W. Deneen and Mary Deneen to Glens Falls Coal Company 125' 1" to an iron pin set in the easterly line of Walnut Street; thence along the easterly line of Walnut Street 59' 4" to the place of beginning.

EXCEPTING AND RESERVING a right-of-way to Hiram Krum and his assigns for foot passage and teams crossing the west end of said lot as formerly fenced off in a lane.

The right-of-way above mentioned is supposed to be located within the bounds of said Walnut Street.

**PARCEL II:**

ALL THAT CERTAIN PIECE OR PARCEL OF LAND, situate, lying and being in the City of Glens Falls, County of Warren and State of New York, bounded and described as follows, to wit: COMMENCING on the easterly side of Walnut Street in said City of Glens Falls, at a stake set in the ground at the southwesterly corner of lands heretofore sold by Solomon W. Russell and other to one Rohan; running thence along the southerly line of said lands so sold as aforesaid to said Rohan easterly to the Delaware & Hudson Railroad; thence southeasterly along said railroad about 63 feet to lands sold by Solomon W. Russell and other to one Thomas Collins; thence along said lands so sold as aforesaid to Thomas Collins; westerly to said Walnut Street; thence northerly along said Walnut Street about 60 feet to the place of beginning.

PARCEL 5 - SCHEDULE A

40-42 Cooper Street, 45 Walnut Street  
and 47-55 Walnut Street  
City of Glens Falls  
County of Warren  
State of New York  
Tax Map Nos.: 31-1-8,  
31-1-23 and 31-1-7

PARCEL I

ALL THAT PARCEL of land known as 40-42 Cooper Street, City of Glens Falls, County of Warren, New York, Tax Map no. 31-1-8.

Being comprised of those parcels of land described in the following deeds:

1. Deed from Ellen Herlihy to the City of Glens Falls dated June 24, 1910 and recorded in the Warren County Clerk's Office in Liber 129 of Deeds at Page 396 on August 13, 1914;

2. Deed from Raffaele Napolitano and Anna Napolitano to the City of Glens Falls dated February 8, 1929 and recorded in the Warren County Clerk's office at Liber 179 of Deeds at Page 443 on April 23, 1929; and

3. Deed from Peter Fiore, Virginia Fiore, Herman Fiore and Ethel Fiore to the City of Glens Falls dated February 7, 1929 and recorded in the Warren County Clerk's office at Liber 179 of Deeds at Page 444 on April 23, 1929.

PARCEL II

ALL THAT PARCEL of land known as 45 Walnut Street, City of Glens Falls, County of Warren, New York, Tax Map no. 31-1-23.

Being the same premises described in the deed from Virginia Fiore to the City of Glens Falls dated July 25, 1944 and recorded in the Warren County Clerk's office at Liber 229 of Deeds at Page 287 on September 7, 1944.

For conveyancing only, ( Together with all right, title and  
if intended to be conveyed ( interest of, in and to any streets  
and roads abutting the above  
described premises, to the center  
line thereof

SCHEDULE A - CONTINUED

PARCEL III

ALL THAT PARCEL of land known as 47-55 Walnut Street in the City of Glens Falls, County of Warren, New York, Tax Map no. 31-1-7.

Being the same premises described in the deed from T.J. Kennedy Distributing Co., Inc. to the City of Glens Falls dated January 28, 1982 and recorded in the Warren County Clerk's office at Liber 644 of Deeds at Page 755 on February 11, 1982.

A MORE MODERN DESCRIPTION IS AS FOLLOWS:

All that certain piece or parcel of land situated in the City of Glens Falls, Warren County, New York, lying Westerly of and adjacent to Cooper Street and Easterly of and adjacent to Walnut Street being more particularly bounded and described as follows:

BEGINNING at the point of intersection of the division line between the lands now or formerly of the City of Glens Falls as described in Book 129 of Deeds at Page 396 on the South, other lands of the City of Glens Falls as described in Book 644 of Deeds at Page 755 on the North with the Southwesterly right-of-way line of the Delaware & Hudson Company and the Westerly street line of Cooper Street; thence from said point of beginning South 06 deg. 10 min. 03 sec. West along said Westerly street line 150.12 feet to its point of intersection with the division line between the first hereinabove said lands of the City of Glens Falls on the North and the lands now or formerly of Hammond Land Company as described in Book 644 of Deeds at Page 540 on the South; thence North 88 deg. 13 min. 00 sec. West along said division line 177.32 feet to its point of intersection with the division line between the last said lands of the City of Glens Falls on the East and the lands now or formerly of Robert J. and Linda F. Jabaut as described in Book 623 of Deeds at Page 329 on the West; thence North 08 deg. 12 min. 35 sec. East along said division line 29.19 feet to its point of intersection with the division line between the lands now or formerly of the City of Glens Falls as described in Book 179 of Deeds at Page 443 on the North and the said lands of Jabaut on the South; thence North 84 deg. 49 min. 55 sec. West along said division line 48.40 feet to its point of intersection with the division line between the last said lands of the City of Glens Falls on the East and the lands now or formerly of John J. and Mary Santa Croce as described in Book 415 of Deeds at Page 264 on the West; thence North 07 deg. 47 min. 19 sec. East along said division line 58.70 feet to its point of intersection with the division line between other lands of the City of Glens Falls as described in Book



SCHEDULE A - CONTINUED

229 of Deeds at Page 287 on the North and the said lands of Santa Croce on the South; thence North 87 deg. 41 min. 49 sec. West along said division line 126.19 feet to its point of intersection with the Easterly street line of Walnut Street; thence along said street line the following two (2) courses: 1) North 09 deg. 11 min. 36 sec. East 58.34 feet to a point; and 2) North 07 deg. 22 min. 00 sec. East 152.56 feet to its point of intersection with the division line between the said lands of the City of Glens Falls as described in Book 644 of Deeds at Page 755 on the South and the lands now or formerly Miles M. Miller as described in Book 828 of Deeds at Page 210 on the North; thence North 81 deg. 35 min. 47 sec. East along said division line 255.08 feet to its point of intersection with the division line between the said lands of the City of Glens Falls on the Southwest and the lands of the Delaware & Hudson Company on the Northeast; thence South 20 deg. 28 min. 55 sec. East along said division line 212.35 feet to the point of beginning containing 92,080± square feet/2.114± acres.

The bearings hereinabove described are based upon the Magnetic Meridian of 1956 as determined on a map entitled "Map of Lands of E.B. Ashton Coal Co., Inc.," recorded July 30, 1956 in the Warren County Clerk's Office.

## **EXHIBIT “B”**

PAUL E. PONTIFF  
ALAN R. RHODES  
ROBERT S. McMILLEN  
PHILIP C. MCINTIRE  
MARK A. LEBOWITZ  
J. LAWRENCE PALTROWITZ  
MALCOLM B. O'HARA  
PATRICIA E. WATKINS  
MARK E. CERASANO  
BRUCE O. LIPINSKI  
PAULA NADEAU BERUBE  
JONATHAN C. LAPPER  
JAMES R. BURKETT  
STEFANIE DiLALLO BITTER  
KARLA WILLIAMS BUETTNER

BARTLETT, PONTIFF, STEWART & RHODES, P.C.  
ATTORNEYS AT LAW  
P.O. BOX 2168  
ONE WASHINGTON STREET  
GLENS FALLS, NEW YORK 12801-2168

TELEPHONE (518) 792-2117  
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EMAIL [info@bpsrlaw.com](mailto:info@bpsrlaw.com)  
WEBSITE [www.bpsrlaw.com](http://www.bpsrlaw.com)

SERVICE BY FACSIMILE NOT ACCEPTED

ELISABETH B. MARONEY  
JOHN D. WRIGHT  
JESSICA HUGABONE VINSON  
GREGORY J. TERESI  
DANIEL C. SPERANZA

BENJAMIN R. PRATT, JR.  
OF COUNSEL

RICHARD J. BARTLETT  
1926-2015  
ROBERT S. STEWART  
1932-2001  
BERTRAM J. DUBE  
1916-1999

April 17, 2019

[kVanderzee@cityofglensfalls.com](mailto:kVanderzee@cityofglensfalls.com)  
Kris Vanderzee  
Code Enforcement Officer  
City of Glens Falls  
23 Dix Avenue  
Glens Falls, NY 12801

Re: 47-50 Cooper Street  
AMH Resources Corp.  
Tax Map Parcel 303.13-19-16 & 17

Dear Mr Vanderzee:

Please be advised that our firm represents AMH Resources Corp. relative to the construction of a 29 unit apartment building on the above mentioned land. This project is on a parcel of land that is 2.42 acres in size and is in the light industrial zone. As defined in the City code, a multifamily use is a permitted use in the light industrial zone. Please confirm that this is your determination by signing below so that we can have this in our file moving forward. I thank you for your cooperation.


Sincerely,

Bartlett, Pontiff, Stewart & Rhodes, P.C.

Stefanie DiLallo Bitter  
Direct Line: (518) 832-6419  
Direct E-mail: [sdb@bpsrlaw.com](mailto:sdb@bpsrlaw.com)

SDB  
Cc:

Agreed and Acknowledged that the proposed use is permitted in the Light Industrial Zone.

  
Kris Vanderzee, Code Enforcement Officer  
City of Glens Falls

***City of Glens Falls***  
***Department of Building and Codes***

230 Dix Avenue – Second Floor  
Glens Falls, New York 12801  
(518) 761-3810 \* Fax (518) 761-3839

John F. Ward, Jr., Code Enforcement Officer

Christopher P. Anderson, Building Inspector

April 16, 2018

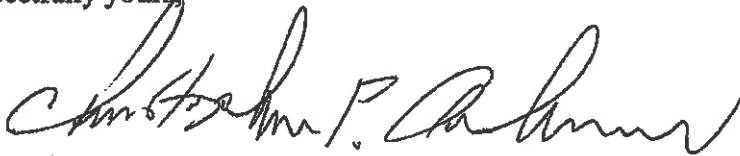
Mr. John Farrell, Assistant Director  
Warren Washington Association for Mental Health  
3043 State Route 4  
Hudson Falls, NY 12839

Dear Sir,

This letter is a follow-up to our conversation regarding the proposed redevelopment of the vacant parcel at 50 Cooper Street in Glens Falls. The proposed apartment building meets the city zoning criteria for the Light Industrial Zone. An apartment building is an allowed use but would require a Site Plan Review by the Planning Board.

If you have any other questions, please feel free to contact us.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Christopher P. Anderson", written in a cursive style.

Christopher P. Anderson  
NYS Code Official  
City of Glens Falls Building and Codes

## **EXHIBIT “C”**

No Municipal Photo Available. Google Streetview Picture:

Property: 50 COOPER ST, Glens Falls, 12801  
SWIS: 520500 SBL: 303.13-19-16Click on the Photo to Launch Google Streetview  
View Parcel Documents

Assessment	
Total	\$51,100.00
Total Land	\$51,100.00
County Taxable (Warren)	\$0.00
Town Taxable	\$0.00
School Taxable	\$0.00
Village Taxable	\$0.00
Equalization Rate	77%
Level of Assessment	75%
Full Market Value	\$68,133.33

Structure	
Site 1 of 1	
Building 1 of 0	
Section 1 of 0	
Boeck # - Description	-
Construction Quality	
Gross Floor Area	
Number of Stories	
Story Height	
Year Built / Effective Year Built	/
Condition	-
Building Perimeter	
Basement Perimeter	
Basement SQFT	
Number of Elevators	
Air Conditioning %	
Sprinkler %	

Property Description	
Type	Vacant Land
Use	330 - Vacant comm
Ownership Code	-
Zoning	R-1B
Road Type	-
Water Supply	3 - Comm/public
Utilities	4 - Gas & elec
School District	Glens Falls Comm Sch - 523418
Neighborhood Code	201

Last Property Sale	
Sale Date	12/20/2018 1:03:26 PM
Sale Price	\$300,000.00
Useable Sale	NO
Arms Length	NO
Prior Owner Name	Mullen Iron Works Inc,
Deed Book	5864
Deed Page	240
Deed Date	12/20/2018

Improvements						
Site #	Description	Quantity	Condition	Year Built	SQFT	Dimensions
No Improvements						

Land						
Site #	Land Type	Acres	Front	Depth	SQFT	Soil Rating
1	03 - Undeveloped	0.93	0	0	0	Land: 1 Rating:

Owner Information						
Owner Name	Address 1	Address 2	Unit Name	Unit Number	City/State/Zip	

AMH Resources Corp,	3043 State Route 4				Hudson Falls NY 12839
---------------------	--------------------	--	--	--	-----------------------

## Exemptions

Code Description	Amount	Exemption %	Start Year	End Year
25230 - NON-PROFIT	\$51,100		2019	

## Special Districts

Code Description	Type	Primary Units	Secondary Units	Amount
LB001 - Crandall library dst	A	0	0	\$0.00
SE001 - Sewer cnty dist no 1	A	0	0	\$0.00
WT031 - City water dist.	A	0	0	\$0.00



# Image Mate Online

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## Commercial

[Property Info](#)
[Owner/Sales](#)
[Inventory](#)
[Improvements](#)
[Report](#)

## Municipality of Glens Falls

SWIS:	520500	Tax ID:	303.13-19-16
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## Tax Map ID / Property Data

Status:	Active	Roll Section:	Taxable
Address:	50 Cooper St		
Property Class:	330 - Vacant comm	Site Property Class:	330 - Vacant comm
Ownership Code:			
Site:	Com 1	In Ag. District:	No
Zonning Code:	R-1B - 1 Fam Mod Dens	Bldg. Style:	Not Applicable
Neighborhood:	00201 -	School District:	Glens Falls Common
Property Description:	Vac. 105x375 30.-2-8		
Total Acreage/Size:	0.93	Equalization Rate:	---
Land Assessment:	2019 - Tentative \$51,100 2018 - \$51,100	Total Assessment:	2019 - Tentative \$51,100 2018 - \$51,100
Full Market Value:	2019 - Tentative \$66,364 2018 - \$66,364		
Deed Book:		Deed Page:	
Grid East:	722006	Grid North:	1634583

## Special Districts for 2019 (Tentative)

Description	Units	Percent	Type	Value
LB001-Crandall library dst	0	0%		0
SE001-Sewer cnty dist no 1	0	0%		0

## Photographs

No Photo Available

[Pictometry Connect](#)

## Maps

[View Tax Map](#)
[Pin Property on GIS Map](#)
[View in Google Maps](#)
[View in Bing Maps](#)
[Map Disclaimer](#)



WT031-City water dist.	0	0%		0
Special Districts for 2018				
Description	Units	Percent	Type	Value
LB001-Crandall library dst	0	0%		0
SE001-Sewer cnty dist no 1	0	0%		0
WT031-City water dist.	0	0%		0
Land Types				
Type			Size	
Undeveloped			0.93 acres	

## **EXHIBIT “D”**

Organization	Grant Opportunity	Document #	Document Role	Current Status
Warren-Washington Association for Mental Health, Inc.	Empire State Supportive Housing Initiative (ESSHI) Round 3	OMH01-ESSHI3-2018-00162	Grantee System Administrator	Assignment of Reviewers

**PROJECT/SITE ADDRESSES****Instructions:**

1. Please complete all required fields.
2. If Project Statewide is "Yes", do not enter Address information. If Project Statewide is "No", Address information is required.
3. Select the Save button above to save your work frequently.
4. Click Forms Menu to return to the navigation links.

Name/Description: Housing First 2.0  
 Project Statewide No  
 Address 1 47-50 Cooper Street  
 Address 2  
 City Glens Falls  
 County Warren County  
 State NY  
 Zip 12801  
 Regional Council: Capital Region  
 Agency Specific Region: Rest of State (ROS)

**PROGRAM SPECIFIC QUESTIONS****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.

Project Title Housing First 2.0

Please respond to each applicable question.

- 1 Section: Basic Project Data. Provide the following basic information regarding the proposed project.

- 1a Identify the Continuum of Care where the project will be located. For areas that do not have a Continuum of Care, please identify the county.

Our Continuum of Care encompasses Saratoga, Warren, Washington and Hamilton Counties. We call ourselves Saratoga North-Country CoC.

- 1b Total number of dwelling units in the project.

29

- 1c Number of ESSHI-funded qualifying Individuals. Note that this number should equal the sum of the responses to 1.d. -- i.e., below, specifying the number of individuals to be served in each eligible population (i.e. do not double-count individuals that may have multiple disabilities or life challenges).

28

- 1d Number of qualifying individuals with a Serious Mental Illness (SMI)

14

- 1e Number of qualifying individuals with a Substance Use Disorder (SUD)

- 1f Number of qualifying individuals who are living with HIV/AIDS (HIV)

- 1g Number of qualifying individuals who are survivors of domestic violence (DV)

1h Number of qualifying individuals who are veterans

1i Number of qualifying individuals who are chronically homeless

6

1j Number of qualifying individuals who are youth aging out of foster care

1k Number of qualifying individuals who are young adults 18-25

4

1l Number of qualifying individuals who are reentering the community from incarceration

1m Number of qualifying individuals who are frail elderly/ seniors

1n Number of qualifying individuals who are MRT-eligible

1o Number of qualifying individuals with an Intellectual/Developmental Disability (I/DD)

1p Capital funding source(s)

WWAMH is currently working on a proposal for submission to HHAP. Application should be submitted between June 28th and mid-July

1q SHARS ID or HHAP ID, if applicable

N/A

2 Section: Need

2a Provide an executive summary of the proposed project. Please include target population(s), total number of dwelling units, number of ESSHI qualifying individuals, total requested ESSHI funds, requested ESSHI funds per qualifying individual, location (or address, if known), building description (if known), and capital project team (if known).

The proposed project will provide 28 ESSHI units of permanent supportive housing and a 6 bedroom transitional SRO type unit. The project will be using a housing first, low demand model for all prospective tenants. The 28 ESSHI units will be comprised of 0-3 bedroom units. Our target homeless populations are 14 adults with Serious Mental Illness (SMI), four units for homeless young adults between 18-25 years old, four units for victims/ survivors of domestic violence 6 units for chronically homeless. We have a contingency contract to purchase our desired site for our housing project. The location in mind is in close proximity of our Glens Falls location, where our HHCM's offices are as well as our East Side drop in center. The site, 47-50 Cooper Street, is appropriately zoned and will not require any variances for our proposed project. It is located on the bus route, adjacent to the bike/walking trail and within walking distance to shops and services in Glens Falls. The location is also only a few short blocks from many and varying services such as Center for Children and Families, the WAJT House youth services as well Catholic Charities Domestic Violence support services to name a few. We envision a very community friendly two story building that will be a nice fit for the surrounding neighborhood. All apartments are designed as Type B - Handicap Adaptable Units. As a person ages in place grab bars can be added next to the toilet and in the shower area. All doorways will be three feet wide to permit easy access to all areas in the apartments. All switches will be at 48" high permitting easier access for a person in a wheel chair. We believe we can serve the 28 units with a similar staff as we serve the current 18 unit project at our Hudson Falls Housing First site. We believe this economy of scale will allow us to operate within the maximum \$25,000 per unit ask. The 6 transitional beds will be funded through payments received from each individual placed. Those placed by DSS will be charged a daily agreed upon rate. Agencies and self-pay will have another fee schedule. Additionally we intend to apply for a NYSHYP grant to help staff an individual to assist those 6 folks as well as others placed in the community hotels and shelters, navigate systems and connect to appropriate housing in the community. It is our plan to utilize the same team we used for our original Housing First program. Architect Owen Neltzel R.A. of Harris A. Sanders, Architects P.C. and Dave Crandall of Mercer Construction. They have both been contacted and have expressed a desire to collaborate on this new project.

2b Provide an overview and history of your agency.

Incorporated in 1948, Warren Washington Association for Mental Health is a private not-for-profit that provides services and programs to individuals living with a mental illness who reside in Warren and Washington Counties. The original mission was to provide education about mental health issues and to attract mental health professionals to the area; WWAMH has grown over the years to offer a variety of services within the community. Our first NYS Office of Mental Health certified Community Residence opened in 1978; we now

successfully operate two Community Residences, and a licensed Community Treatment Apartment program. We provide Level II supports to 58 adult/young adult individuals between both Warren and Washington counties. Each treatment residential setting provides a high level of support for people in the earliest stages of recovery with the overall goal to provide short-term, focused skill development in a home-like setting. Individuals are referred through SPOE processes and are more often than not individuals who are homeless, unstably housed, or at risk of homelessness, and have co-occurring disabilities along with their mental illness. Among those co-occurring disorders are substance abuse, intellectual/developmental disabilities, histories of foster care, criminal/juvenile justice involvement, incarceration, or domestic violence to name a few.

In the 1980's WWAMH began providing Supported Housing services to help SMI individuals secure and maintain clean, safe, affordable housing within the community. The Supported Housing program has grown from 12 units to today's 60. Currently we serve 42 individuals and their families within the community while 18 of the units are a part of our Housing First Permanent Supportive Housing Program.

In 2009 WWAMH opened our Housing First Program. Housing First is our first Permanent Supportive Housing program, named for the housing first model it employs. Housing First provides safe, affordable, permanent housing for 18, previously homeless, SMI adult individuals. Residents are provided stable housing in an empowering, supportive environment with the goal of increasing residential stability, enhancing tenant skills and fostering greater self-determination.

In addition to housing WWAMH provides Outpatient Clinic Therapy and Psychiatric services to both adults and children, Health Home Care Management, Representative Payee services, a Dual Recovery Program and a Psychosocial Rehabilitation Social Club for adults.

All services focus on the individual's strengths, needs, goals, and desires for a qualitatively successful and stable life, regardless of any other disabling condition or life challenge. Given the full array of services and supports, along with our numerous collaborations and close working relationships with other providers within our community, any individual residing in our proposed residential project could find much success in their recovery and independent living.

**2c Explain how the agency meets the eligibility requirements set forth in Section 1.3 the RFP.**

Warren Washington Association for Mental Health has been known by a few other names since first incorporating in 1948. The certificate of incorporation was filed with the Department of State of New York, Division of Corporations on May 7, 1948 pursuant to the Membership Corporation Law of the State of New York. The corporation is a corporation as defined in subparagraph (a) (5) of section 102 of the Not-for-Profit Corporation Law. The corporation is and shall remain a Type B corporation under Section 201 of the Not-for-Profit Corporation Law.

The proposed project will provide 28 ESSHI units of permanent supportive housing and a 6 bedroom transitional SRO type unit. The project will be using a housing first, low demand model for all prospective tenants. The 28 ESSHI units will be comprised of 0-3 bedroom units. Our target homeless populations are 14 adults with Serious Mental Illness (SMI), four units for homeless young adults between 18-25 years old, four units for victims/survivors of domestic violence 6 units for chronically homeless.

WWAMH has had decades of experience working with individuals in varying levels of housing. While our primary mission has been working with SMI individuals and their families the skill set easily translates to serve the other proposed target populations. We have close relationships with our community partners and see no complications in providing advocacy and quality service for our tenants. Our staff of Care Managers and Supported-Housing counselors has worked with Adults from 18-80 plus years of age. The same team has also worked with and continues to serve many families within the community.

WWAMH currently operates Level II housing, serving 58 individuals, that include two 24 hour staffed Community Residences, one 24 hour staffed apartment building and several community based apartments. Additionally we have 60 Supported Housing units. 18 individuals served by Supported Housing live in our Housing First permanent Supportive Housing program. The remaining 48 Supported Housing / Supportive Scattered Site Housing are within the Warren and Washington Counties. Those 48 units serve both SMI individuals as well as SMI adults with children. In many cases staff has worked with SMI individuals who are also victims/survivors of domestic violence, or also chronically homeless.

As part of our operations with the Supported Housing program we have regular contact with our local Housing Authority. Our staff is very familiar with HUD regulations, what is deemed affordable and how to calculate rental stipends. It has always been our mission to assist our clientele to secure clean safe affordable housing of their choice.

**2d Describe any potential partnerships to be entered into in order to meet the experience requirements in Section 1.3. Describe the roles and responsibilities of any potential partners.**

We have no official partner in developing or operating this proposed project. We will be collaborating with a team of professional from pre-development to development. In the months leading up to opening we will be collaborating with our community partners in identifying individuals in need of the supportive services and working through the referrals. We will continue to work with those same partners as we have occasional vacancies.

**2e Are you planning on partnering with a housing developer? If yes, identify the developer (if known).**

WWAMH is developing the proposed project without a development partner; WWAMH has engaged an experienced development consultant to assist throughout the development process.

**2f Describe the target population(s) the proposal would serve. If the proposal will serve MRT eligible individuals, greater than the 25% required in Section 1.4, Appendix A (MRT Project Questionnaire) must be completed and uploaded to the application in the pre-submission uploads section.**

Our target populations are, homeless adult individuals and families, (14) with serious mental illness (SMI), (4) homeless young adults 18-25 years old, (4) Victims/Survivors of domestic violence and (6) chronically homeless.

**2g Highlight the applicant agency's experience with each of the targeted population(s) that will be served through your proposal; demonstrate your agency's ability to effectively serve the targeted population(s).**

WWAMH staff has had decades of working with SMI folks many of whom have been young adults 18-25, Victims/Survivors of domestic violence and some chronically homeless. The skill set necessary to advocate for the identified populations are readily transferable to those not experiencing SMI. Years of relations with our community partners have created strong connections and allies to assist one another to serve the needs of our shared clientele.

Established in 1948, the Warren-Washington Association for Mental Health, Inc. (WWAMH) is a not-for-profit provider of community mental health services. Association programs assist children, adults, and families to develop stability and explore opportunities for growth. AMH is committed to listening to the voice of the services recipient, and to collaborating in creative ways with other service providers in the community.

WWAMH residential programs are houses and apartments where individuals with psychiatric disabilities live and develop skills needed for independence. Each program offers different levels of support toward a person's effort to achieve well-being. Services promote a person's capabilities through companionship, education, counseling, vocational training, and respite. Our programs include community residences, community living apartments, supported housing, and a low demand permanent housing first program (which has maintained 100% capacity since opening in 2008). Our support services unify the mental health-care delivery system by connecting people to services specific to their needs. Support is tailor-made, matching community programs to each individual. By integrating and personalizing services, care is intended to provide a solid building block for an individual's development toward self-reliance and self-improvement. Services include: adult, child, and adolescent benefits management, dual recovery (for mental health and substance use disorders), counseling and therapy, adult psychiatric rehabilitation, and transportation.

Our past experience with the SMI population has shown us that there is a shortage of supportive housing for families, veterans, elders and the physically

challenged, those with co-occurring disorders and homeless young adults. Our experience with available community partners and individualized service planning qualifies us to help individuals find the resources they need when they are ready and willing to work toward their individual goals.

- 2h If the applicant intends to engage in partnerships with other agencies to provide services appropriate to the population(s) to be served, highlight the experience of any partnership agencies with each of the targeted population(s):

WWAMH has long standing relationships with our community partners. We have no active partnerships but work collaboratively to serve shared clientele as needed. Through our CoC Coordinated Entry (CE) and the Single Point of Entry (SPOE) process, there is regular dialogue amongst service providers, to help individuals connect to appropriate services. CE leads send out weekly updates of our wait list to participating CoC members. The CE committee also meets once a month to review the list and update the status of individuals. SPOE meetings occur biweekly to discuss adults recently referred for service. With our Open Door mission's recently opened emergency shelter we will be likely be working closely to help with helping those folk find appropriate housing.

- 2i Describe the identified housing and services needs of the target population(s).

The purpose of this proposal is for rental subsidies and services provided under this initiative to be a means for providing affordable and long-term stable housing as well as supportive services to families, individuals and youth/young adults who are homeless and have severe and persistent mental illness and include the elderly, and the physically challenged, veterans and for those with co-occurring disorders. The intended outcomes for this RFP are to:

- Identify and locate eligible homeless families, individuals, and/or youth/young adults;
- Increase the availability of supportive housing as a means to reduce homelessness;
- Provide services and supports to help eligible families, individuals and/or youth/young adults manage health and behavioral health conditions, address and disabling conditions or life challenges and become and remain stably housed;
- Provide services and operating funding for supportive housing units developed with available private, federal, state, and/or local capital funding resources.

Additionally, we will increase the availability of supported housing as a means to facilitate access to health services and improve the overall health status and quality of life experiences of families, individuals, and/or youth/young adults who are eligible for Medicaid Redesign Team funds. We will also provide housing stability for young adults between ages 18 and 25, in a supportive environment based on positive youth development principles that recognize and build on the young adult's strengths, and to maximize educational and employment opportunities to enable young adults to improve self-sufficiency. We will use and track specific performance measures to demonstrate improvement in health status and/or self-sufficiency and for safety for the people we serve in this project. They will include: tracking hospitalizations, regular physicals and follow-ups, monitoring care of any medical conditions (diabetes, heart issues, COPD, etc.), personal hygiene, initiating or improving budgeting, shopping, housekeeping, and conflict resolution skills, and reduction in contact with law enforcement.

- 2j What factors have created and perpetuated homelessness among the target population(s) that your organization is proposing to serve?

A number of factors have perpetuated the situation. There are not enough resources to provide adequate services to this population. Not only is there not enough money budgeted for low demand, safe, secure housing, but the target populations need supportive services for mental health treatment, physical health care, education and employment opportunities, peer support, daily living skills and money management training. Without these supportive services the ability of this population to get and stay in effective treatment programs, maintain their housing and migrate into the community is almost nil. There may also be a new wave of deinstitutionalization and denial of services or premature or unplanned discharges brought about by managed care that perpetuates homelessness in the SMI population. (National Coalition of the Homeless, 6/2006)

Low income, poor coping skills, victims of crimes and violence, coupled with an inability to navigate systems contribute to less than desirable housing outcomes. Our target populations include some of our society's most vulnerable individuals, serious mentally ill adults, young adults between the ages of 18 and 25 years old, Victims/Survivors of domestic violence and chronically homeless each have their challenges. As we know, these are vulnerable populations that have a number of unmet needs. The basic and primary need is to have affordable, low demand, safe and secure housing. For this reason, Supportive housing is the priority and a necessity. By definition, "permanent supportive housing provides the needed requirements of non-time-limited affordable housing located in newly developed apartment settings, combined with wrap-around supportive services for people experiencing homelessness, as well as other disabilities or life challenges". Services are individualized and driven by family member's needs and interests and support development of the strength necessary for successful economic self-sufficiency and full independent living.

In addition to low demand, safe affordable housing, our population can benefit from help with both basic and specific needs. Some of the basic skills to develop and improve their wellbeing include but are not limited to: personal hygiene, housekeeping, laundry, cooking, money management, and shopping. Also, there is an array of specific services that will bolster their ability to live independently and build self-reliance. These include: life skills training and support; security; basic medical services; mental health evaluation and treatment, substance abuse treatment, employment services, legal services, domestic violence services and literacy assistance. In addition, persons with severe life challenges can be assisted in acquiring socialization skills, engaging in healthy recreational activities, volunteer, and peer-support activities that enhance their self-reliance, self-confidence, and connection to the larger community. Once individuals are safely housed, some needed services can be offered on site, while referrals for other services will be made to appropriate settings in the community.

- 2k Provide a thorough description of the community and the need for the project based on the agency's experience.

WWAMH primarily serves Warren and Washington counties. The total population of Warren and Washington counties is approximately 128,000 and we are part of the larger Adirondacks DSRIP region which also encompasses Clinton, Essex, Franklin and Hamilton counties. As managed care changes the landscape of our healthcare system, it is apparent that we are no longer able to view one particular geographic area or county as a unique entity but rather we need to align ourselves in relationship to the larger surrounding areas and service needs. The Adirondacks DSRIP Region Needs Assessment, as reported by the New York State Office of Mental Health, indicates that the socioeconomic characteristics of this regional population have higher needs than those in other NYS DSRIP regions. Within Warren and Washington counties, 13% of the population lives below the poverty level and 14% of the population is considered disabled. Additionally, our area has a higher number of seasonal workers, agricultural jobs and self-employed individuals than the nationwide averages, making access to health care/insurance problematic. The rural nature of our counties and limited transportation resources has also created a significant hardship for individuals that do not reside in the larger town and city centers. This has impeded the need and access to stable housing resources as more individuals seek to find and maintain housing in the more central areas of our counties where supportive services and public transportation are easily accessible.

Our North Country CoC encompasses Saratoga, Warren, Washington and Hamilton counties. Out of the 30 CoC's in New York, ours was one of eight that had their data reviewed by the Coalition for Supportive Housing due to the need and higher prevalence of homelessness in our respective region. Our local Government Unit also conducted a survey of local stakeholders to assess the perceived needs of particular service areas, to which all replied that housing was a high need, particularly for the chronically homeless and individuals with a serious and persistent mental illness. According to the report, Real Supportive Housing Need in New York State: A Statewide Supportive Housing Needs Assessment, CSH: The Source for Housing Solutions, our CoC region has an estimated need for an additional 395 Supportive Housing Units for adults and unaccompanied youth (2015). The report was unable to determine the need for families with children based on the fact that we have no shelters to estimate need. According to our CARES Inc. data the number of permanent housing beds increased slightly in our CoC region from 229 in 2016 to 244 in 2017 however this was based on changes within the family composition in several programs. This increase is unable to sustain and meet the needs of our community without significant growth in housing.

development.

Research supports the expansion of housing services for the chronically homeless and seriously mentally ill. Several recent studies have shown great cost savings and housing stability when the highest utilizers of Medicaid services are able to access supportive housing. This is particularly true for those individuals who are homeless with mental illness. One recent report by Moses, K., Hamblin, A., and Somers, S. (2016) Supportive Housing for Chronically Homeless Medicaid Enrollees: State Strategies, from the Center for Health Care Strategies, Inc. indicates that those individuals that experience chronic homelessness often struggle with other chronic medical, mental, developmental and substance use disorders. This in turn makes these individuals more likely to utilize emergency health services and therefore increases their health care costs. One particular estimate for a person that is experiencing both homelessness and another co-occurring disorder is that their yearly annual cost is \$26,000 in Medicaid expenses versus the average Medicaid enrollee which is \$5,790 yearly.

- 2l Attach and analyze the HUD CoC Homeless Assistance Programs Homeless Populations and Subpopulations report (point in time data) for your continuum, if this report is available to the applicant. For those areas without a Continuum of Care or where the CoC report is not available to the applicant, please substitute local data. Applicants may enhance CoC and local planning data with other relevant information.

The attached point in time data reports the sheltered and unsheltered count for the Saratoga North Country Continuum of Care on 1/25/2018. On of January 25, 2018, 257 persons were counted as homeless, which was an increase of 4% from 2017. There were 213 individuals in emergency shelter, 21 transitional housing and 23 unsheltered. As a snapshot in time it confirms the ongoing prevalence of homelessness in our area but cannot truly reflect the reality of homelessness in our mostly rural counties. DSS of Warren and Washington Counties reported 63 total beds for 1/26/2017. Data provided by Washington County DSS reports 90 single adults and 32 families served in Homeless placement just in the first 6 months of 2017. In 2016 Washington Co DSS reports 206 single adults and 112 families served in Homeless placement. Of those they report 58 singles and 14 families as repeat homeless.

Warren County DSS reports 27 homeless cases presented in the first 6 months of 2017. Of those 212 were singles and 59 were families. They report Housing 67 and 16 respectively. In 2016 the number of homeless cases presented in Warren Co. was 554 of those 414 were singles and were 140 families. Of those 79 singles and 18 families were housed.

The area youth shelter, WAIT House, has provided data from HMIS showing an ongoing need for services for single and parenting young adults in our area. In a two year span the report shows they served 174 youth. Of those 128 are 18-20 years old and of those 89 are reported with a mental health issue and 25 reported a co-occurring disorder. Seven of the parenting youth are reported as having an underlying mental health issue. From June 1st 2017 to June 6th 2018 WAIT house had 70 youth housed in their emergency shelter. 50 of those youth were 18-25 years of age. Of those 50 youth 27 were identified with a Mental Health issue. 9 of the 50 youth were survivors of domestic violence.

The Family Services Association (attached letter of support) reports that in 2017 they provided emergency housing assistance for 70 families in 20 of those cases they helped shelter families or individuals who were homeless.

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- 2m Attach and analyze the HUD CoC Homeless Assistance Programs Housing Inventory chart for your continuum, if this chart is available to the applicant. For those areas without a Continuum of Care or where the CoC chart is not available to the applicant, please substitute local data. Please focus your response on the Permanent Housing beds in your area.

The North Country CoC has mostly transitional housing reflected in the inventory chart. Warren and Washington counties place homeless individuals and families primarily in hotels and motels, a stop gap measure that does not provide needed supports for success. Affordable housing stock and available rental assistance is increasingly harder to come by. To their credit the Washington county administrative team is investigating options to spark the development of affordable housing stock within their county. As we know, such endeavors take time but the need is now.

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- 2n Describe how your proposal responds to the identified housing need for the populations to be served.

Accessing affordable housing options is an ongoing challenge. Our local Housing authority has a two year wait list for HUD rental vouchers. The housing authority has stopped accepting applications to get on the wait list due to the size of the current active wait list. So in reality folks wait to get on the two year wait list making it closer to 3 or 4 years. Our OMH Supportive Scattered Site Housing program has had its own wait list given the backlog of HUD applicants. Many of those individuals receiving Supportive Housing rental assistance are not on the HUD waiting list due to its closure. Individuals are faced with a number of contributing factors that lead to homelessness. Stigma continues to play a role in access to available housing stock. Most SMI individuals are living on SSI or SSI/SSD and the NYS supplement which is \$837.00 or \$857.00 each month, for 2018. The area fair market rents are 0br-\$623 1br-\$737 2br-\$824 3br-\$1176. Payment Standards are \$610, \$762, \$914, and \$ 1,182 respectively. Homeless young adults and D.V. Survivors are more likely to be dependent on Public Assistance which offers far less resources to meet housing costs. Assuming they are able to secure an apartment it is very stressful trying to pay the monthly bills without financial assistance. The lack of financial resources to secure, clean, safe, affordable, housing or afford the monthly rents is a key contributor to homelessness and housing instability. Even with financial assistance (HUD or Supportive Housing) and advocacy (IHCM and or Supportive Housing counselors) maintaining stable housing can prove challenging. Many of our identified clientele have varying levels of coping skills relative to their mental health, maturity or life experiences. Too often support staff is confronted with needing to rehouse individuals and families who have repeatedly been evicted for unacceptable behaviors. Many have seen their options dwindle due to a history of poor housing experiences.

The point in time count numbers are only a snapshot for one day, but exceed the number we propose to house. 2016 Warren County DSS reports 414 singles presented as homeless and 79 were housed. 140 families presented as homeless and they housed 18. 2017 Warren County DSS reports 212 Singles reported with 67 housed and 58 families reported and 16 housed. Washington County DSS reports placing 208 singles and 112 families in 2016. For the first half of 2017 they report 90 and 32 respectively. WAIT House, our area parenting teen and children's shelter, have their own compelling numbers and struggles with appropriate placement. In an HMIS spread sheet, provided by Wait House, they report that between 2015 and July 2017 they served 180 young people between 18-20 years of age. Of those 180, 129 were 18-20, 89 were 18-20 reporting a mental health issue and, of those 89, seven reported as parenting youth and 25 reported a co-occurring disorder and seven were parenting youth. From June 1st 2017 to June 6th 2018 WAIT house had 70 youth housed in their emergency shelter. 50 of those youth were 18-25 years of age. Of those 50 youth 27 were identified with a Mental Health issue. 9 of the 50 youth were survivors of domestic violence.

WWAMH has no illusion that our proposal will address all of our area's needs. The numbers far exceed what our modest proposal is asking to do. We do believe we can make a difference and our proposed Permanent Supported Housing model will provide a safe, supportive, affordable option for many members of the identified population to grow.

The first and major impact on the population is that they would have safe, affordable, permanent, low impact housing. We will operate in a client-centered manner, with respect for the individual's right to self-determination and self-expression.

- 2o Explain how homeless services are currently coordinated and delivered in the proposed area. If there is a Continuum of Care (CoC), describe which organizations/individuals are represented and the entity charged with coordinating the planning.

Our agency is part of the Saratoga-North Country Continuum of Care (SNCC). The Warren, Washington and Hamilton portion of the CoC meets monthly to

discuss on-going concerns, address difficulties and share agency updates and services as well as updates on the SNCC subcommittees, which consist of Rank and Review, Coordinated Entry, Strategic Planning and Data and Goals. SNCC works with CARES, Inc. as our collaborative applicant which is the entity that applies for the HUD CoC grant on behalf of our continuum. CARES, Inc.'s strong leadership, access to resources and high visibility within our communities provides our Continuum with the technical assistance and broad-based strategic planning.

Within our local SNCC we have created a Coordinated Entry (CE) subcommittee, which meets monthly and has created both long and short Coordinated Entry forms that our agency and our partner CoC funded agencies have agreed to utilize. Presently, the CE group has also established a Memorandum of Understanding for Coordinated Entry, which have all been completed and signed by the participating, funded agencies, consisting of the Adirondack Vets House (Transitional and Permanent Housing; serves disabled veterans), Glens Falls Housing Authority (Housing First, Shelter Plus Care; serves substance abuse, mental illness, HIV/AIDS, chronically homeless), City of Saratoga Springs (Shelter Plus Care; serves individuals with substance abuse, mental illness, HIV/AIDS, families), Wellspring (Permanent, STEHP, Rapid Re-housing; serves victims of domestic violence), Veterans and Community Housing Coalition (Permanent Housing), WAIT House (Emergency Shelter, STEHP, Transitional Living Program); serves homeless, at risk of homelessness and youth, families ages 18 to 21), Warren Washington Association for Mental Health (Permanent Supportive Housing; serves chronic homeless, substance abuse, mental illness), CAPTAIN (STEHP, Runaway and Homeless Youth Shelter; serves homeless, at risk of homelessness, youth 13-17), Legal Aid Society of Northern New York (STEHP).

We presently have an individual that is performing the tasks necessary to organize Coordinated Entry referrals. This individual is housed within our Local Government Unit (LGU), the Warren Washington Office of Community Services. At the present time, the local funded agencies contact the Coordinated Entry person weekly, to inform her of any referrals they have received and any bed openings that the respective program may have. All of the funded agencies have copies of the Coordinated Entry Referral form, that the subcommittee has been working on, as there is a long form for face to face meetings and a short form for telephone referrals. The SNCC has been working diligently to refine and strategically implement the Coordinated Entry process and ensure that all funded agencies understand the need and usefulness of these tools to help the most vulnerable homeless population to enter into Permanent Supportive Housing arrangements as quickly as possible. With the technical assistance and expertise of CARES, Inc. the SNCC is also working on being able to have a Coordinated Entry list that will be maintained and housed within the HMIS system. At the current time, the Coordinated Entry list is maintained in an excel spreadsheet by this individual as updates and changes occur. Saratoga County also has a Coordinated Entry person that manages their referrals in the same manner. There is ongoing communication between these two individuals to ensure the most timely, efficient use of our limited housing resources, as we are all partners within the larger SNCC region.

- 2p Explain your agency's role in the CoC or local planning process. For those agencies that are not active in the CoC planning process or are not CoC participants, please describe what efforts will be undertaken to engage in or to seek an active role. For those areas without a CoC, please explain your agency's role in the local planning process.

WWAMH has been an active participant in our local CoC since its early years. Our CoC was begun with leaders in Saratoga County, working with the CARES agency; they established the early makings of our CoC in order to access HUD opportunities and aid two agencies, Adk Vets House and WAIT House, in Warren Co. WWAMH played a leading role in bringing Warren and Washington County agencies, and later Hamilton Co., to the table and participate in our CoC. The North Country portion of our CoC meetings is hosted at WWAMH's Support Services office at least 8 times per year. Bi-annually Saratoga North Country meets to discuss the continuum as a whole.

WWAMH staff has participated as officers of the CoC as well as members of assigned subcommittees. Our participation over the past 16 plus years has enhanced relationships with our neighboring agencies and allowed us a better picture of the needs within our community at large. Our CoC is in the process of developing a Strategic Plan which should be completed soon. Two staff members, as well as one of our Board members, of WWAMH are participating in the process along with many other members of our CoC. With the assistance of CARES and the collaborative nature of our CoC we hope to have a working plan before the end of the year.

- 2q Explain how the proposed program funded under this RFP will be coordinated with the existing programs in the CoC or local planning process, and how duplication of effort will be avoided with this project.

WWAMH and our proposed program will participate in the CoC's coordinated entry (CE) as well as our SPOE process for all appropriate referrals. The CoC has been developing an electronic addition to our HMIS system to help share CE information more readily. It is the hope of the CE committee to track and connect folks in need efficiently. The Coordinated Entry committee meets monthly and the CE information is shared and updated weekly. WWAMH participates in HMIS, CE and SPOE on an ongoing basis. Given our regular interaction and communication with our community partners and CE no wrong door approach there is little chance of duplication of effort. As vacancies occur we will reach out to the appropriate referral sources to fill the available unit with someone who fits the identified demographic. (SMI, Chronic homeless, Homeless Young adult or Victims/Survivors of domestic violence.)

- 2r Describe your agency's efforts with regard to participating in the Homeless Management Information System if applicable.

WWAMH currently participates in HMIS and the CoC's coordinated entry. Coordinated Entry enables the members of the CoC to share applicant's information to other members so that they may be connected to appropriate available services. We will continue to manage and update HMIS data as appropriate.

- 2s Do you have support for this project from the CoC or local planning entity? Attach your letter of support.

We have the support of our community at large. Attached is a PDF with letters of support from our CoC and some local agencies. We have also attached letters from our Mayor of Glens Falls, State Senator and Two Assembly representatives. There is agreement that the need is here and WWAMH is an agency with a track record to help.

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### 3 Section: Impact

- 3a Describe the process of how the target population(s) will be identified and referred (e.g. SROA, coordinated entry, etc.). Include your agency's understanding and commitment to working with the referral process appropriate to the population(s) served.

WWAMH has an ongoing commitment to working with the referral process appropriate to the population(s) we serve. WWAMH actively participates in both our local Single Point of Entry process (SPOE) and Coordinated Entry through our CoC. Referrals are identified and received from multiple sources. Many referrals are sent to the Counties Office of Community Services and disseminated to appropriate agencies and programs through the SPOE process. The Saratoga North Country CoC's established Coordinated Entry (CE) application incorporates a "no wrong door" philosophy, will provide another avenue of referral. Given our stated mission to serve specific subsets of the SMI population, WWAMH will work closely with our community partners to identify and serve those in most need. HMIS is going to incorporate the CE onto the website. As WWAMH participates with our local HMIS we will be made aware,



relatively quickly, of individuals in need.

Upon receiving a referral the Program staff will confirm the individuals eligibility based on the designation of the available unit. In the event that there is no active referral that meets the identified unit designation the agency will reach out to our Community partners working with the specific population to make them aware of an available unit.

3b Provide a detailed description of outreach efforts, intake, and exit from the program.

The proposed Housing First project is one of a continuum of residential programs offered by the Warren Washington Association for Mental Health (WWAMH). The priority of the Housing First model is to provide stable housing in an empowering, supportive environment with the goals of increasing residential stability, enhancing residential skills, and fostering greater self-determination. The housing first model has been very successful through WWAMH. Its philosophical base of harm reduction and a low demand approach serve to embrace those individuals who reside in the program, fostering increased mental stability.

This permanent housing program will serve individuals and families of Warren and Washington counties with serious mental illness and/or co-occurring mental health and substance abuse issues and histories of homelessness and unsuccessful experiences with other residential services. Referrals may come from those other residential programs, care management or through other local agencies that WWAMH staff has a positive, established network with, such as WAIT House, the Office of Community Services, and members of the Saratoga-North Country Continuum of Care, or one of the many social service agencies in the community. Intake information will be reviewed by the program coordinator to ensure that the eligibility requirements are met. An intake appointment will be offered to the individual and referring agency at the program to familiarize him/her with the program. If criteria are met and a vacancy exists, the individual may move in. If no vacancy exists, the individual will be placed on a waiting list. Tenants may leave the program, preferably following a 30 day notice.

The facility staff provides security and supervision with 24 hour front desk coverage. In addition to the residential units the facility consists of congregate care space with a conference room, lounges and laundry facility.

3c Describe what supportive services will be provided to the targeted population(s) through this funding and provide evidence of any relationships/ linkages with other community service providers. In addition to information regarding referrals made to community providers, clearly distinguish ESSHI-funded services to be provided directly by the applicant agency and those to be provided through ESSHI-funded agreements/partnerships with other community service providers.

The proposed supportive housing program will provide a wide range of services to the targeted population. These services are designed to assist eligible families, individuals and young adults to live independently and remain stably housed. Individuals and families will be linked with health services; physical and behavioral/mental health. Transportation to and from appointments as well as advocacy with service providers on behalf of tenants will be provided. Health education will be ongoing as indicated, to include family planning, parenting skills development and support, family reunification and stabilization, children's services and educational advocacy, including GED support. Families and individuals may be offered and/or linked to social and recreational services.

Employment and vocational training and/or assistance, and life skills training will be offered. Staff will assist individuals through case management, assisting with legal issues and the court process as needed, benefit acquisition, management and documentation, and eviction prevention services. Skill building on tenant responsibilities may also be a focus. Additionally, counseling and crisis intervention, trauma informed assessment and care and services, and risk assessment/reduction/safety planning will be part of the overall program. Information on other services to meet tenant's needs and referrals as appropriate will be readily available.

The physical environment of the proposed program will have building security services to ensure tenant safety. Separate entrances will be designed for the varying populations for additional security. The Homeless Management Information System (HMIS) will be utilized to document and track data. If requested, services will be provided to connect individuals to other housing options, as well as assisting with housing applications and documentation requirements.

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3d Describe any tenant eligibility requirements for the proposed project.

Tenant eligibility requirements for the proposed project include: (14) SMI individuals or families 18 and older who are homeless; (4) Homeless young adults 18-26; (4) Homeless adults or families who are victims/survivors of domestic violence and (6) adults or families experiencing chronic homelessness. It is our understanding that as vacancies occur we are expected to fill them with those individuals that meet the specific demographic criteria as the unit being vacated. Given the ever present need in the community we will reach out to our community colleagues serving the identified population for appropriate referrals.

3e Discuss in detail the staffing of the project. Include the roles and functions of each ESSHI-funded position.

WWAMH operated our 18 bed Permanent Supportive Housing program, Housing First, for nine years and has regularly kept within budget. Based on our experience we propose a similar staffing pattern for our proposed project as we currently use for our 18 bed Housing First program. Through this economy of scale we believe we can provide the coverage within the \$25,000 per unit ask.

Staffing consists of a Program Coordinator, Assistant Program Coordinator, and a team of Residential Counselors (in addition to the overnight front desk coverage) who will comprise the care team for the residents. Each resident will work with the care team on developing an individual service plan consisting of services and goals the resident needs and/or wishes to accomplish. Examples of such plans could consist of housekeeping assistance, life skills training and support, cooking, personal hygiene, shopping, service linkage, transportation, housing case management and resident advocacy, medication management assistance, meals, etc.

In addition to the program care team, the facility will be designed to accommodate the co-location of other HHCM support staff from WWAMH. These staff members will be available to provide services to residents that wish to participate. WWAMH will offer counseling, facilitated support groups activities, transportation and other life skills supports and social recreational activities.

It has been our experience that once stably housed and comfortable in their new environment most residents begin to consider more supports. Once engaged we anticipate positive outcomes for residents include housing stability, maintenance of personal income, achievement of resident-established goals leading to increased independence, and decreased chemical dependency and mental health hospitalizations.

3f Identify appropriate safety and security measures for the target population as well as building security.

WWAMH provides training to all staff on safety and security. We have OMH trained Safety Trainers, on staff, who provide annual training for all employees. Staff must maintain certification in CPR and First Aid and a First Aid kit and AED will be readily available onsite. Universal precautions training for staff must be taken annually.

Our current Housing First program uses the following safety and security measures: keyed and electronically locked doors. Tenants are provided key

fobs), security cameras on premise, screech bar alarms on alternative exits, 24/7 staff including awake overnight staff for security and housekeeping, on-call support, hard-wired fire alarm system, smoke detectors, CO2 detectors, sprinkler system, double locked tenant files, ongoing communication with law enforcement, local hospital/behavior health team as indicated. It is our plan to employ very similar steps for our current proposed project. We have given thought to the strategic placement of our common entrance and doors separating parts of the building with key fobs for enhanced security. Each key fob will be programmed for access to the parts of the building that is specific to the needs of the tenant allowing for added security. Separate entrances will be designed for varying populations for security purposes. We intend to construct the building to have separate access for our family units.

Program staff will meet upon each shift change to ensure communication of issues within the building, specifically with individuals who may be experiencing an increase in mental health symptoms which may pose a risk to themselves or others. Counseling/crisis intervention will be offered to these individuals. Site staff will always have an administrative staff as an on-call resource.

**3g Describe any rent collection, eviction, and turnover procedures.**

We will look to use similar methods for rent collection, eviction and turnover procedures as we currently use for our Hudson Falls Housing First program. Rents will be collected by the 5th of each month. The policy will be clearly presented and applied to all tenants upon admission. Payment may be in the form of cash, check, or money order payable to the agency. Payment will be given to specifically designated staff members. We will work with individuals who are having difficulty paying their rent to problem solve how best to address the issue.

If a tenant or family wishes to vacate the program, they would be requested to give a 30 day notice. Eviction will only occur after every attempt to mitigate the identified problem is attempted. Where there have been reported violations of the rental agreement by a tenant and after reasonable efforts to resolve the problem, a tenant may be asked to vacate the program. Staff would provide supports to locate alternative, appropriate housing. If necessary, eviction proceedings may be employed.

**3h Provide an overview of the proposal's purpose and desired outcomes. (Include specific performance measures intended to improve the health status and/or self-sufficiency and /or safety of the individuals served through this project). Outcome measures should be quantifiable.**

The purpose of this proposal is for rental subsidies and services provided under this initiative to be a means for providing affordable and long-term stable housing as well as supportive services to families, individuals and youth/young adults who are homeless and have severe and persistent mental illness and

include the elderly, and the physically challenged, veterans and /or those with co-occurring disorders. The intended outcomes for this RFP are to:

- Identify and locate eligible homeless families, individuals, and/or youth/young adults;
- Increase the availability of supportive housing as a means to reduce homelessness;
- Provide services and supports to help eligible families, individuals and/or youth/young adults manage health and behavioral health conditions, address and disabling conditions or life challenges and become and remain stably housed;
- Provide services and operating funding for supportive housing units developed with available private, federal, state, and/or local capital funding resources.

Additionally, we will increase the availability of supported housing as a means to facilitate access to health services and improve the overall health status and quality of life experiences of families, individuals, and/or youth/young adults who are eligible for Medicaid Redesign Team funds. We will also provide housing stability for young adults between ages 18 and 25, in a supportive environment based on positive youth development principles that recognize and build on the young adult's strengths, and to maximize educational and employment opportunities to enable young adults to improve self-sufficiency. We will use and track specific performance measures to demonstrate improvement in health status and/or self-sufficiency and /or safety for the people we serve in this project. They will include: tracking hospitalizations, regular physicals and follow-ups, monitoring care of any medical conditions (diabetes, heart issues, COPD, etc.), personal hygiene, initiating or improving budgeting, shopping, housekeeping, and conflict resolution skills, and reduction in contact with law enforcement.

**Measurable Outcomes**

- 1) Reduce # of ER visits & crisis situations in 1st year.
- 2) Increase connection of residents to a PC and monitor follow-up visits.
- 3) Weekly/Monthly monitoring of medical conditions to improve health status.
- 4) Weekly/Monthly or as needed meetings with individuals to promote personal hygiene, budgeting of finances improving shopping skills, assistance with housekeeping, teaching conflict resolution skills, and promoting behaviors that reduce contact with law enforcement.

**3i Describe how your agency will monitor the effectiveness of the program.**

Warren-Washington Association for Mental Health will monitor the effectiveness of the program by obtaining data regarding the following outcomes:

- Percentage of persons (families) who remain stably housed for one year or more, either in this program or another permanent housing program to which they have been referred after living in this program.
- Percentage of persons (families) who income is maintained or increased while living in the program.
- Percentage of persons dually diagnosed with mental illness and chemical dependency who achieve at least two outcomes in their dual recovery plan during one-year period.
- Percentage of persons with mental illness who experience at least 50% fewer mental health hospitalizations during one year period.
- Percentage of young adults who engage in furthering educational goals or employment opportunities.
- Percentage of persons (families) whose quality of life has improved (by self-report).

This data will be tracked by the Program Director and Clinical Supervisor on a yearly basis and reported back to the appropriate officials.

**4 Section: Readiness**

**4a Is there an identified site for the proposed project?**

Yes

**4b Do you have site control? If yes, describe the form of site control. If not, describe your plan to achieve site control.**

Yes we have site control. We have an identified site 47-50 Cooper Street Glens Falls. We have a contingency contract with the property owner to purchase the property once capital is secured through the grant process.

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- 4c Describe what capital funding sources have already been secured. If capital funds have not been secured, discuss how your agency plans to secure capital funds within the 12-month time frame.

Our agency has contracted with a development advisor, Monica C. McCullough, Esq. to assist us with application for an HHAP grant to secure the property and build our project. We have been busy pulling together all the needed items and feel confident that we will have our proposal submitted as early as June 28th or as late as mid-July.

- 4d Provide a realistic time frame for project completion. Be as specific as possible. Include typical milestones such as site acquisition, closing on financing, and estimated project opening date. Address other items such as known zoning issues, community support, project team readiness, etc.

Given our experience with our current Permanent Supportive Housing project we estimate approximately two years from project approval to opening. We have conceptual approval from the Mayor of Glens Falls and have an open dialogue with Council members and the corresponding ward's County Supervisor. The current zoning is for commercial and residential, including multifamily use. No variances will be required for our proposed project. After speaking with the zoning office and consulting the online zoning ordinances there appears no anticipated problem.

As in any project such as this we anticipate a few pointed questions and a level of "not in my backyard" type of concerns. There were a few who had some concerns when WWAMH first proposed our Support Services offices and East Side Center in the neighborhood. Among those individuals once concerned is the current Ward Supervisor, who was the Councilman of the ward at the time. The Supervisor very recently voiced his support of our efforts and recognizes WWAMH as a good neighbor in his ward. We believe that, having been good neighbors for these many years, community support should not be a large factor.

We have a contingency contract to purchase the desired site. The City's only caveat is a desire to negotiate a PILOT. The amount of the PILOT has not yet been determined. We are certain we can arrive at an acceptable agreement for the PILOT.

WWAMH is fortunate to be able to engage the same Architect, Owen Neltzel R.A. of Harris A. Sanders, Architects P.C., and David Crandall, of Mercer Construction, who worked on our Housing First project, and are willing to bring the same expertise to our newest proposal. Owen's expertise goes beyond blue prints and design. Owen is able to draw from his wife's vast experience as the once Executive Director of Troy's Joseph's House. Tracy was instrumental in offering construction tips and helping WWAMH avoid mistakes she experienced with her housing first program. We will, of course, apply our own experience to our newest proposal.

- 4e If this project is already in development, identify the status/stage of development, including the percentage of construction completion, if applicable.

The project is currently in predevelopment and WWAMH anticipates submitting an application for HHAP capital funding in the 2018 funding round. The project development team has completed preliminary due diligence, including receipt of appraisal and Phase I, confirmation of as-of-right zoning, completion of conceptual building and site design, and preliminary cost estimating from a pre-selected GC.

## 5 Section: Budget

- 5a Describe the extent to which other viable sources of funding are available to provide operating and support services costs. Include any applicable funding such as tenant contributions, foundation funds, other subsidies, etc. Please list these funds separately in the "Other" Column in the budget.

Based on the AMI for Glens Falls for 2017 at \$64,100 our experience with our Housing First Program in Hudson Falls the residents will be in the category of Extremely Low Income at \$13,600 1 person, \$16,240 2 person family, \$20,420 for 3 person family and \$24,600 for 4 person family. In determining the tenant contribution we used the Fair Market Rent including utilities from Shelter Plus Care. Those monthly rates are based on the following bedrooms, studio \$623, 1 Bedroom \$737, 2 bedroom \$924 and 3 bedroom \$1,176. Tenant in a studio would most likely have \$81, SSD or TA at \$837 per month at 30% contribution \$251 towards rent of \$823 leaves \$372 need. For the 1 bedroom the same \$251 contribution towards the \$737 rent would leave a balance of \$486. The 2 bedroom would have income of \$1,100 contributing \$330 towards \$924 rent for a need of \$694. The 3 bedroom would have \$1,200 per month contributing \$360 towards the \$1,176 rent leaving a need of \$816. This would provide a total tenant contribution of \$88,517 and a Tenant needed stipend of \$180,171.

- 5b Describe the fiscal viability and health of the applicant agency, including the history of successfully managing public grant funding.

The Association was founded in 1948 and began operating residential program funded through the New York State Office of Mental Health in the late 70's. Continued expansion of additional program needs in both Warren and Washington Counties lead to operating a Day Program, Case Management, Dual Recovery, Transportation, Rep-Payee Services, Transportation, Client Work Program and Case Counseling Services our outpatient mental health program. Our Housing First Program is a very successful program providing 18 units to homeless residents with mental illness and co-occurring disorders. That program has provided much experience in the type of program we wish to provide with this grant. I have been the Chief Financial Officer for the Association for over 30 years along with our Finance Manager and Accounting Manager both over 20 years each. We have an excellent knowledge on how to operate all the Association's various programs and have received outstanding audit reviews. The Association has a current net worth of over one million dollars and our holding company AMH Resources Corp's net worth is nearly three million dollars. We take pride in managing the combined organizations in order to continue serving our clients and residents. We feel strongly that we have the current staff in place to monitor this grant and develop another homeless housing program as part of our Association. With a variety of programs operated by the Association with multiple funding streams included Warren and Washington Counties funding, State contracts, HUD contracts, OTDA grants, Medicaid, Medicare as well as a full range of third party insurances we are well equipped in managing very complex operations. Eight properties are owned providing rapid response to any residential needs and issues that must be resolved. We have an annual budget of 6 million dollars with assets approaching 5 million and continue to be cash flow positive. The experience in managing our Housing First Program is certainly a plus as well. We have had excellent reviews from HHAC, OTDA, HUD and OMH.

- 5c In the past three years, has the applicant agency been audited or reviewed by a government agency. If so, what was the result? Describe any negative findings and how they were resolved.

On an annual basis OTDA performs on-site reviews with our Housing First Program and has received very positive results in the 10 years of operations. Every 3 years NYSOMH reviews all of our licensed programs also with wonderful analysis.

- 5d Indicate if audited financial statements have been prepared for the applicant agency within the past twelve months and if the audit resulted in an unqualified, or "clean" opinion. If the audit resulted in a qualified opinion, please describe.

We have had unqualified audited financial statements for over 30 years. The Board of Directors reviews all financial results on a monthly basis along with the Financial Committee.

- 5e Did the most recent audited financial statements of the applicant agency indicate that current assets were equal to or exceeded current liabilities (a positive working capital position)?

The current audit ratio for calendar year end 2017 was 1.34 and has been positive for many years. We project positive cash flow well into the future as well.

- 5f Indicate the percentage of the total funding request attributable to rent subsidies.

The total budgeted rental expense is \$160,171 of which \$88,517 would be Tenant contribution in the other funds category, leaving \$71,654 as Tenant stipends. This would represent 9% of the total grant funding request of \$773,243. The cost per unit for the 28 beds is \$24,454 based on the Grant Funds requested of \$684,728.

- 5g Describe how the amount of ESSHI funding requested per qualifying individual was determined. Explain the calculations regarding the services and other costs indicated in the budget. Each item should be justified.

Based on Warren Washington Association for Mental Health's decades of experience with varying types of housing programs we are fairly confident in our cost per unit calculations. Our proposed budget is based on ten years of operating our current 16 unit Housing First Supportive Housing program. After careful analysis of our current programs expenses we arrived at our cost per unit. It was determined that to provide the level of services residents need to live successfully in the community the per unit cost came to \$24,454.

Personal services and fringe represents \$433,053 or 63% of the grant request of \$684,728. This category includes 9.70 FTE's for onsite care with 24 hour supervision.

Contractual expenses total \$16,620 to ensure the property is operating a safe environment based on our current experience with our similarly run Housing First program.

Equipment of \$11,700 for two vehicles, copier and computers.

The other category includes \$52,000 utilities, repairs and maintenance of \$35,000 emergency client food of \$9,000

Tenant Contribution as follows: 3 Two Bedrooms \$11,880 1 Three bedrooms \$4,320 16 One Bedroom \$46,211 8 Studio/Efficiency \$24,106 Totalling \$88,517 Total units are 28, cost per unit \$24,454. The Glens Falls AMI for extremely low income was reviewed as follows: 1 person \$13,500 2 person \$16,240 3 person \$20,420 4 person \$24,600 Fair Market Rents including utilities from Shelter Plus Care as follows: Studio \$823 per month 1 Bedroom \$737 2 Bedroom \$924 3 Bedroom \$1,176 Based on our experience most residents will have SSI, SSD or TA at \$837 per month. At a 30% contribution towards rent. For those in a 2 bedroom the estimated income is \$1,100 per month using the 30% contribution. For a 3 bedroom the income is \$1,200 per month. Grand total of all rent cost is \$246,688 with the tenant contribution at \$88,517 and the grant requested stipend of \$160,171.

## PERSONAL SERVICES - SALARY

### Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the Add button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

### Salary Detail

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

### Details

Position/Title	Supportive Housing Counselor
Role/Responsibility	Assist residents with community integration. Provide informal care management services and counseling to residents as needed. Also attend regularly scheduled staff meetings and required in-service staff development sessions. Maintain effective communications with other staff members and supervisor.
# In Title	6.0

### Financial

Annualized Salary Per Position	\$30,538.00
STD Work Week (hrs)	40.00
% Funded	100%
# Months Funded	12
Total Grant Funds	\$183,234.00
Total Match Funds	
Match %	0%
Total Other Funds	

Line Total: \$183,234.00

Category Total: \$333,126.00

Click here to see a summary of the detail entered for this category.

**CATEGORY TOTAL SUMMARY**

## PERSONAL SERVICES - SALARY

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the Add button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

**Salary Detail**

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

**Details**

**Position/Title** Supportive Housing Residential Coordinator  
**Role/Responsibility** Responsible for the day-to-day functioning and operation of the Program including overseeing staff meetings, supervision of activities and provision of services to residents. Familiarity with resident entitlements, including SSI, HUD, sources of potential funding and eligibility requirements for services to residents. Encourage and facilitate resident input and participation in the development and maintenance of program offerings. Participate in the development of program policies and procedure

**# in Title** 1.0

**Financial**

**Annualized Salary Per Position** \$51,416.00

**STD Work Week (hrs)** 40.00

**% Funded** 100%

**# Months Funded** 12

**Total Grant Funds** \$51,416.00

**Total Match Funds**

**Match %** 0%

**Total Other Funds**

**Line Total** \$51,416.00

**Category Total** \$333,125.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**PERSONAL SERVICES - SALARY****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the Add button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

**Salary Detail**

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

**Details**

**Position/Title** Residential Assistant Program Coordinator  
**Role/Responsibility** Assure the scheduling of Relief Residential Counselors for appropriate shifts as needed.  
**# in Title** 1.0

**Financial**

**Annualized Salary Per Position** \$38,968.00

**STD Work Week (hrs)** 40.00

**% Funded** 100%

**# Months Funded** 12

**Total Grant Funds** \$38,968.00

**Total Match Funds**

**Match %** 0%

**Total Other Funds**

**Line Total** \$38,968.00

**Category Total** \$333,125.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**PERSONAL SERVICES - SALARY**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the Add button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

**Salary Detail**

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

**Details**

<b>Position/Title</b>	Supportive Housing Residential Overnight Counselor
<b>Role/Responsibility</b>	An awake overnight position to ensure care and safety for all residents. Same responsibilities as the Supportive Housing Residential Counselor, but from evening shifts.
<b># in Title</b>	1.50
<b>Financial</b>	
<b>Annualized Salary Per Position</b>	\$30,539.00
<b>STD Work Week (hrs)</b>	40.00
<b>% Funded</b>	100%
<b># Months Funded</b>	12
<b>Total Grant Funds</b>	\$45,809.00
<b>Total Match Funds</b>	
<b>Match %</b>	0%
<b>Total Other Funds</b>	
<b>Line Total</b>	\$45,809.00
<b>Category Total</b>	\$333,125.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY****PERSONAL SERVICES - SALARY****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the Add button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

**Salary Detail**

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

**Details**

<b>Position/Title</b>	Director of Residential Services
<b>Role/Responsibility</b>	Responsible for the entire residential programs for the Association. Ensure on-going assessment of resident's needs and proper utilization review. Quality of program environment is essential for safe and secure living of our residents.
<b># in Title</b>	1.0
<b>Financial</b>	
<b>Annualized Salary Per Position</b>	\$70,950.00
<b>STD Work Week (hrs)</b>	40.00
<b>% Funded</b>	0.1%
<b># Months Funded</b>	12
<b>Total Grant Funds</b>	\$7,095.00
<b>Total Match Funds</b>	
<b>Match %</b>	0%
<b>Total Other Funds</b>	
<b>Line Total</b>	\$7,095.00
<b>Category Total</b>	\$333,125.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY****PERSONAL SERVICES - SALARY**

6/18/2018

IntelliGrants - Document #OMH01-ESSH13-2018-00162

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Salary position has been saved successfully, select the Add button above to add additional Salary position.
4. Click Forms Menu to return to the navigation links.

**Salary Detail**

In the Salary section only include staff positions related to the implementation and administration of the program. If Salary is not applicable leave this section blank.

**Details**

Position/Title Assistant Director of Residential Services  
Role/Responsibility Ensure that all the residential services are continuously providing exceptional services to all our residents.  
# In Title 1.0

**Financial**

Annualized Salary Per Position \$66,030.00  
STD Work Week (hrs) 40.00  
% Funded 0.1%  
# Months Funded 12  
Total Grant Funds \$6,603.00  
Total Match Funds  
Match % 0%

**Total Other Funds**

Line Total \$6,603.00

Category Total \$333,125.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**PERSONAL SERVICES - SALARY NARRATIVE**

**Instructions:**

1. Please complete narrative field.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Salary Narrative**

Provide an explanation of any exceptions in staffing patterns and/or annual salary costs.

**PERSONAL SERVICES - FRINGE**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Fringe item has been saved successfully, select the Add button above to add additional Fringe items.
4. Click Forms Menu to return to the navigation links.

**Fringe Detail**

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If fringe is not applicable, leave this section blank.

**Details**

Fringe - Type/Description Mandated fringe benefits, FICA, unemployment, worker's compensation, disability insurance, group LTD life and health insurance  
Justification Total fringe is 30% rate.

**Financial**

Total Grant Funds \$99,938.00  
Total Match funds  
Match % 0%  
Total Other funds \$0

Line Total \$99,938.00

Category Total \$99,938.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**PERSONAL SERVICES - FRINGE NARRATIVE**

**Instructions:**

1. Please complete narrative field.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Fringe Narrative**

Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. Provide a brief explanation of the percentage and composition of the fringe benefit structure. If the budgeted fringe benefits represent an exception of the current NYS rate, please explain the difference.

**CONTRACTUAL**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Contractual Item has been saved successfully, select the Add button above to add additional Contractual items.
4. Click Forms Menu to return to the navigation links.

**Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a format or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

**Details**

Contractual - Type/Description	Calsaya Pest Control - Annual Contract
Justification	Extermination Services along with monthly monitoring includes bed bug remediation.
Financial	
Total Grant Funds	\$3,600.00
Total Match Funds	
Match %	0%
Total Other Funds	\$0
Line Total	\$3,600.00
Category Total	\$16,820.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**CONTRACTUAL**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Contractual Item has been saved successfully, select the Add button above to add additional Contractual items.
4. Click Forms Menu to return to the navigation links.

**Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a format or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

**Details**

Contractual - Type/Description	Adirondack Technical Services
Justification	Annual contract which includes quarterly preventative services for heating, cooling and water heater monitoring.
Financial	
Total Grant Funds	\$3,600.00
Total Match Funds	



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Match % 0%  
Total Other Funds \$0  
Line Total \$3,600.00  
Category Total \$16,620.00

[Click here to see a summary of the detail entered for this category.](#)

[CATEGORY TOTAL SUMMARY](#)

### **CONTRACTUAL**

#### **Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Contractual item has been saved successfully, select the Add button above to add additional Contractual items.
4. Click Forms Menu to return to the navigation links.

#### **Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a format or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

#### **Details**

Contractual - Type/Description Gould's Lawn and Landscaping Services  
Justification Grounds keeping and snow removal for all sidewalks and parking areas.

#### **Financial**

Total Grant Funds \$4,050.00  
Total Match Funds  
Match % 0%  
Total Other Funds \$0

Line Total \$4,050.00  
Category Total \$16,620.00

[Click here to see a summary of the detail entered for this category.](#)

[CATEGORY TOTAL SUMMARY](#)

### **CONTRACTUAL**

#### **Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Contractual item has been saved successfully, select the Add button above to add additional Contractual items.
4. Click Forms Menu to return to the navigation links.

#### **Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a format or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

#### **Details**

Contractual - Type/Description Mahoney Notify Services  
Justification Annual contract to monitor and quarterly inspect the fire alarm system and fire extinguishers.

#### **Financial**

Total Grant Funds \$990.00  
Total Match Funds  
Match % 0%  
Total Other Funds \$0

Line Total \$990.00  
Category Total \$16,620.00

[Click here to see a summary of the detail entered for this category.](#)

[CATEGORY TOTAL SUMMARY](#)

### **CONTRACTUAL**

#### **Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Contractual item has been saved successfully, select the Add button above to add additional Contractual items.
4. Click Forms Menu to return to the navigation links.

**Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a formal or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

**Details**

<b>Contractual - Type/Description</b>	Barrier Free Elevator Services
<b>Justification</b>	Annual contract to inspect all the mechanics on a monthly basis.
<b>Financial</b>	
<b>Total Grant Funds</b>	\$1,380.00
<b>Total Match Funds</b>	
<b>Match %</b>	0%
<b>Total Other Funds</b>	\$0
	<b>Line Total : \$1,380.00</b>
	<b>Category Total : \$16,620.00</b>

[Click here to see a summary of the detail entered for this category.](#)

[CATEGORY TOTAL SUMMARY](#)

**CONTRACTUAL****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Contractual item has been saved successfully, select the Add button above to add additional Contractual items.
4. Click Forms Menu to return to the navigation links.

**Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a formal or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

**Details**

<b>Contractual - Type/Description</b>	Professional Fire Protection Services
<b>Justification</b>	Annual contract to inspect the sprinkler system on a semi-annual basis.
<b>Financial</b>	
<b>Total Grant Funds</b>	\$1,200.00
<b>Total Match Funds</b>	
<b>Match %</b>	0%
<b>Total Other Funds</b>	\$0
	<b>Line Total : \$1,200.00</b>
	<b>Category Total : \$16,620.00</b>

[Click here to see a summary of the detail entered for this category.](#)

[CATEGORY TOTAL SUMMARY](#)

**CONTRACTUAL****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Contractual item has been saved successfully, select the Add button above to add additional Contractual items.
4. Click Forms Menu to return to the navigation links.

**Contractual Detail**

In the Contractual Services section should include costs for services rendered to the project under a formal or written agreement such as direct provision of services by contractual arrangement. If Contractual is not applicable leave this section blank.

**Details**

**Contractual - Type/Description** Milton Cat Generator Services

**Justification** Annual contract to inspect the generator to run the building in the event of power outages which unfortunately occurs to often as we have experienced on the past.

**Financial**

**Total Grant Funds** \$1,800.00

**Total Match Funds**

**Match %** 0%

**Total Other Funds** \$0

**Line Total** \$1,800.00

**Category Total** \$18,620.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL**

**SUMMARY**

**TRAVEL****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Travel item has been saved successfully, select the Add button above to add additional Travel items.
4. Click Forms Menu to return to the navigation links.

**Travel Detail**

This section is used to itemize travel costs. If Travel is not applicable leave this section blank.

**Details**

**Travel - Type/Description** Staff travel to meetings or resident appointments.

**Justification** If other options are unavailable travel reimbursement for staff utilizing their own vehicle. Budgeted at 250 miles per year.

**Financial**

**Total Grant Funds** \$134.00

**Total Match Funds**

**Match %** 0%

**Total Other Funds** \$0

**Line Total** \$134.00

**Category Total** \$134.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**EQUIPMENT****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an Equipment item has been saved successfully, select the Add button above to add additional Equipment items.
4. Click Forms Menu to return to the navigation links.

**Equipment Detail**

This section is used to itemize both purchased and rental equipment costs. If Equipment is not applicable leave this section blank.

**Details**

**Equipment - Type/Description** Purchase of four computers for staff.

**Justification** To allow staff to communicate with other service providers and correspond as needed.

**Purchase/Rent?** Purchase\*

**Financial**

**Total Grant Funds** \$3,000.00

**Total Match Funds**

**Match %** 0%

**Total Other Funds** \$0

**Line Total** \$3,000.00

**Category Total** \$11,700.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**EQUIPMENT**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an Equipment item has been saved successfully, select the Add button above to add additional Equipment items.
4. Click Forms Menu to return to the navigation links.

**Equipment Detail**

This section is used to itemize both purchased and rental equipment costs. If Equipment is not applicable leave this section blank.

**Details**

Equipment - Type/Description Copier, fax, printer and scanner combination.  
 Justification Provides staff with the needed office equipment to do their daily tasks.  
 Purchase/Rent? Rent\*

**Financial**

Total Grant Funds \$2,700.00

Total Match Funds

Match % 0%

Total Other Funds \$0

Line Total \$2,700.00

Category Total \$11,700.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**EQUIPMENT**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an Equipment item has been saved successfully, select the Add button above to add additional Equipment items.
4. Click Forms Menu to return to the navigation links.

**Equipment Detail**

This section is used to itemize both purchased and rental equipment costs. If Equipment is not applicable leave this section blank.

**Details**

Equipment - Type/Description Two Passenger Vans  
 Justification To transport residents to various appointments within the Community as needed.  
 Purchase/Rent? Rent\*

**Financial**

Total Grant Funds \$6,000.00

Total Match Funds

Match % 0%

Total Other Funds \$0

Line Total \$6,000.00

Category Total \$11,700.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**EQUIPMENT NARRATIVE**

**Instructions:**

1. Please complete narrative field.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Equipment Narrative**

Provide documentation regarding bids received for equipment purchases. This field can be used to reference additional documents that are submitted with the application/contract.

Provide a justification for any exceptional equipment purchase/rental costs as related to the program needs. For example, a program may have a dollar threshold whereby equipment purchases of a certain amount must be justified. For ongoing or multiyear contract, justification is required for new items of equipment only.

**SPACE/PROPERTY RENT****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Space/Property: Rent item has been saved successfully, select the Add button above to add additional Space/Property: Rent items.
4. Click Forms Menu to return to the navigation links.

**Space/Property: Rent Detail**

This section is used to itemize costs associated with Space/Property: Rent. If Space/Property: Rent is not applicable leave this section blank.

**Details****Space/Property: Rent - Type/Description****Justification****Financial****Total Grant Funds****Total Match Funds****Match %**

%

**Total Other Funds**

Line Total: \$0

Category Total: \$0.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY****SPACE/PROPERTY: RENT NARRATIVE****Instructions:**

1. Please complete narrative field.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Space/Property: Rent Narrative**

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

**SPACE/PROPERTY: OWN****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Space/Property: Own item has been saved successfully, select the Add button above to add additional Space/Property: Own items.
4. Click Forms Menu to return to the navigation links.

**Space/Property: Own Detail**

This section is used to itemize costs associated with Space/Property: Own. If Space/Property: Own is not applicable leave this section blank.

**Details****Space/Property: Own - Type/Description****Justification****Financial****Total Grant Funds****Total Match Funds****Match %**

%

**Total Other Funds**

Line Total: \$0  
 Category Total: \$0.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY****SPACE/PROPERTY: OWN NARRATIVE****Instructions:**

1. Please complete narrative field.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Space/Property: Own Narrative**

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

**UTILITIES****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once a Utility item has been saved successfully, select the Add button above to add additional Utility items.
4. Click Forms Menu to return to the navigation links.

**Utility Detail**

This section is used to itemize costs associated with Utilities. If Utility is not applicable leave this section blank.

**Details**

**Utilities - Type/Description** National Grid gas and electric service. City of Glens Falls water and sewer usage.

**Justification** Required utility services to operate the program, based on experience with our Housing First Program in Washington County.

**Financial**

Total Grant Funds \$52,000.00  
 Total Match Funds  
 Match % 0%  
 Total Other Funds \$0  
 Line Total \$52,000.00  
 Category Total \$52,000.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY****UTILITIES NARRATIVE****Instructions:**

1. Please complete narrative field.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Utilities Narrative**

Provide a detailed explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby space/property expenditures of a certain amount must be justified.

**OPERATING EXPENSES****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.

6/18/2018

IntelliGrants - Document #OMH01-ESSH13-2018-00162

<b>Operating Expenses -</b>	<b>Office Supplies</b>
<b>Type/Description</b>	
<b>Justification</b>	Supplies needed to operate the program such as pens, copier paper, notepads etc.
<b>Financial</b>	
<b>Total Grant Funds</b>	\$2,000.00
<b>Total Match funds</b>	
<b>Match %</b>	0%
<b>Total Other funds</b>	\$0
<b>Line Total</b>	\$2,000.00
<b>Category Total</b>	\$9,900.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

### **OPERATING EXPENSES NARRATIVE**

#### **Instructions:**

1. Please complete narrative field.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

#### **Operating Expenses Narrative**

If applicable, please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby operating expenses of a certain amount must be justified.

### **OTHER EXPENSES DETAIL**

#### **Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

#### **Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

#### **Details**

<b>Other Expenses -</b>	<b>Food</b>
<b>Type/Description</b>	
<b>Justification</b>	Emergency food for those just moving in to the program.
<b>Financial</b>	
<b>Total Grant Funds</b>	\$9,000.00
<b>Total Match funds</b>	
<b>Match %</b>	0%
<b>Total Other funds</b>	\$0
<b>Line Total</b>	\$9,000.00
<b>Category Total</b>	\$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

### **OTHER EXPENSES DETAIL**

#### **Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

3. Once an operating expense item has been saved successfully, select the Add button above to add additional operating expense items.
4. Click Forms Menu to return to the navigation links.

**Operating Expenses Detail**

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance/bonding, photocopying, advertising, and supplies. If Operating Expenses are not applicable leave this section blank.

**Details**

**Operating Expenses -**  
**Type/Description** Liability Insurance  
**Justification** Annual Premium protection for both Company and Residents.

**Financial**

<b>Total Grant Funds</b>	\$5,500.00
<b>Total Match funds</b>	
<b>Match %</b>	0%
<b>Total Other funds</b>	\$0
<b>Line Total</b>	<b>\$5,500.00</b>
<b>Category Total</b>	<b>\$9,900.00</b>

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY****OPERATING EXPENSES****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an operating expense item has been saved successfully, select the Add button above to add additional operating expense items.
4. Click Forms Menu to return to the navigation links.

**Operating Expenses Detail**

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance/bonding, photocopying, advertising, and supplies. If Operating Expenses are not applicable leave this section blank.

**Details**

**Operating Expenses -**  
**Type/Description** Vehicle Insurance  
**Justification** Need is mandated.

**Financial**

<b>Total Grant Funds</b>	\$2,400.00
<b>Total Match funds</b>	
<b>Match %</b>	0%
<b>Total Other funds</b>	\$0
<b>Line Total</b>	<b>\$2,400.00</b>
<b>Category Total</b>	<b>\$9,900.00</b>

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY****OPERATING EXPENSES****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an operating expense item has been saved successfully, select the Add button above to add additional operating expense items.
4. Click Forms Menu to return to the navigation links.

**Operating Expenses Detail**

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance/bonding, photocopying, advertising, and supplies. If Operating Expenses are not applicable leave this section blank.

**Details**



**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details****Other Expenses -  
Type/Description****Repairs and Maintenance****Justification**

Ongoing maintenance such as painting the apartments, changing locks, lighting, carpentry, flooring repairs, laundry and appliance needs addressed. We always take pride in making sure everything is properly functioning as designed.

**Financial****Total Grant Funds** \$35,000.00**Total Match funds****Match %** 0%**Total Other funds** \$0**Line Total** \$35,000.00**Category Total** \$249,826.00

Click here to see a summary of the detail entered for this category.

**CATEGORY TOTAL SUMMARY****OTHER EXPENSES DETAIL****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details****Other Expenses -  
Type/Description****Postage****Justification**

Mailings and certified mail throughout the year.

**Financial****Total Grant Funds** \$250.00**Total Match funds****Match %** 0%**Total Other funds** \$0**Line Total** \$250.00**Category Total** \$249,826.00

Click here to see a summary of the detail entered for this category.

**CATEGORY TOTAL SUMMARY****OTHER EXPENSES DETAIL****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details****Other Expenses -  
Type/Description**

Program Supplies-cleaning products, mops,brooms,upkeep of curtains, personal hygiene items and resident towels.

**Justification**

Maintain a healthy residential program year round.

**Financial**

6/18/2018

IntelliGrants - Document #OMH01-ESSH13-2018-00162

Total Grant Funds	\$8,500.00
Total Match funds	
Match %	0%
Total Other funds	\$0
Line Total	\$8,500.00
Category Total	\$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

#### **OTHER EXPENSES DETAIL**

##### **Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

##### **Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

##### **Details**

Other Expenses - Type/Description	Communications - operation of phone system, staff cell phones to remain in contact with staff when out of the building.
Justification	Need to have constant ability to communicate with staff as needed along with security system.

##### **Financial**

Total Grant Funds	\$12,000.00
Total Match funds	
Match %	0%
Total Other funds	\$0
Line Total	\$12,000.00
Category Total	\$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

#### **OTHER EXPENSES DETAIL**

##### **Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

##### **Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

##### **Details**

Other Expenses - Type/Description	Vehicle expenses- gas and oil changes as well as annual inspections to ensure safety of residents.
Justification	Any wear and tear repairs to be corrected as necessary.

##### **Financial**

Total Grant Funds	\$2,500.00
Total Match funds	
Match %	0%
Total Other funds	\$0
Line Total	\$2,500.00
Category Total	\$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**OTHER EXPENSES DETAIL****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details**

<b>Other Expenses - Type/Description</b>	Refuse - twice weekly pick up.
<b>Justification</b>	Maintain a clean and safe operation within our neighborhood.
<b>Financial</b>	
<b>Total Grant Funds</b>	\$10,000.00
<b>Total Match funds</b>	
<b>Match %</b>	0%
<b>Total Other funds</b>	\$0
<b>Line Total</b>	\$10,000.00
<b>Category Total</b>	\$249,826.00

*192.31 pr week*

Click here to see a summary of the detail entered for this category.

**CATEGORY TOTAL SUMMARY****OTHER EXPENSES DETAIL****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details**

<b>Other Expenses - Type/Description</b>	ADM-Chief Executive Officer
<b>Justification</b>	CEO will spend .05 FTE or 2 hours per week on site reviewing the operation and have communication contact 24-7 as needed.
<b>Financial</b>	
<b>Total Grant Funds</b>	\$4,750.00
<b>Total Match funds</b>	
<b>Match %</b>	0%
<b>Total Other funds</b>	\$0
<b>Line Total</b>	\$4,750.00
<b>Category Total</b>	\$249,826.00

*11.30 pr hr 45.67 pr hr*

*4750 salary*  
*1425 fringe*  
*6175 pr year*

Click here to see a summary of the detail entered for this category.

**CATEGORY TOTAL SUMMARY****OTHER EXPENSES DETAIL****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.

4. Click Forms Menu to return to the navigation links.

#### Other Expenses Detail

If Other Expenses is not applicable, leave this section blank.

##### Details

Other Expenses - Type/Description	ADM-Chief Executive Officer - Fringe
Justification	Same as 30% rate for the Association
Financial	
Total Grant Funds	\$1,425.00
Total Match funds	
Match %	0%
Total Other funds	\$0
<b>Line Total</b>	<b>\$1,425.00</b>
<b>Category Total</b>	<b>\$249,826.00</b>

Click here to see a summary of the detail entered for this category.

[CATEGORY TOTAL SUMMARY](#)

#### OTHER EXPENSES DETAIL

##### Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

#### Other Expenses Detail

If Other Expenses is not applicable, leave this section blank.

##### Details

Other Expenses - Type/Description	ADM-Accounting Manager
Justification	Accounting Manager will spend .05 FTE or 2 hours per week processing payroll, accounts payable, internal audits and processing reports as needed. Ensuring accurate financial data is provided.
Financial	
Total Grant Funds	\$2,100.00
Total Match funds	
Match %	0%
Total Other funds	\$0
<b>Line Total</b>	<b>\$2,100.00</b>
<b>Category Total</b>	<b>\$249,826.00</b>

Click here to see a summary of the detail entered for this category.

[CATEGORY TOTAL SUMMARY](#)

#### OTHER EXPENSES DETAIL

##### Instructions:

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

#### Other Expenses Detail

If Other Expenses is not applicable, leave this section blank.

##### Details

Other Expenses -	ADM-Accounting Manager-Fringe
------------------	-------------------------------

Type/Description  
 Justification Same 30% of salary as the Association.  
 Financial

Total Grant Funds \$630.00  
 Total Match funds  
 Match % 0%  
 Total Other funds \$0  
 Line Total \$630.00  
 Category Total \$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**OTHER EXPENSES DETAIL**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details**

Other Expenses - ADM-Audit Fees  
 Type/Description  
 Justification Independent Annual Audit Report, tax filings, CFR cost report certification and Finance Committee and Board of Directors meetings.  
 Financial  
 Total Grant Funds \$2,500.00  
 Total Match funds  
 Match % 0%  
 Total Other funds \$0  
 Line Total \$2,500.00  
 Category Total \$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**OTHER EXPENSES DETAIL**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details**

Other Expenses - ADM-Office supplies  
 Type/Description  
 Justification Items needed to provide the service. Paper, checks, receipt books, purchase orders and accounting materials.  
 Financial  
 Total Grant Funds \$250.00  
 Total Match funds  
 Match % 0%  
 Total Other funds \$0  
 Line Total \$250.00  
 Category Total \$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**OTHER EXPENSES DETAIL**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details**

<b>Other Expenses - Type/Description</b>	ADM-Legal Fees
<b>Justification</b>	Any fees associated in assisting residents directly with any legal issues.
<b>Financial</b>	
<b>Total Grant Funds</b>	\$750.00
<b>Total Match funds</b>	
<b>Match %</b>	0%
<b>Total Other funds</b>	\$0
<b>Line Total</b>	\$750.00
<b>Category Total</b>	\$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**OTHER EXPENSES DETAIL**

**Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Once an other expense item has been saved successfully, select the Add button above to add additional other expense items.
4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details**

<b>Other Expenses - Type/Description</b>	Tenant Contributions
<b>Justification</b>	Based on 2017 latest data AMI for the Glens Falls area at \$84,100 and family composition along with the Rent provided by Shelter Plus Care.
<b>Financial</b>	
<b>Total Grant Funds</b>	\$0
<b>Total Match funds</b>	
<b>Match %</b>	0%
<b>Total Other funds</b>	\$88,517.00
<b>Line Total</b>	\$88,517.00
<b>Category Total</b>	\$249,826.00

[Click here to see a summary of the detail entered for this category.](#)

**CATEGORY TOTAL SUMMARY**

**OTHER EXPENSES DETAIL**

**Instructions:**

1. Project Summary
2. Organizational Capacity
3. Project Details - Objectives, Tasks and Performance Measures

If applicable, specific instructions/requirements for completing these sections may be found in the Grant Opportunity under which you are applying. Click Forms Menu to return to the navigation links.

Work Plan Period From 3/1/2019 To 4/1/2021

#### Project Summary

Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

Incorporated in 1948, Warren Washington Association for Mental Health is a private not-for-profit that provides services and programs to individuals living with a mental illness who reside in Warren and Washington Counties. The original mission was to provide education about mental health issues and to attract mental health professionals to the area; WWAMH has grown over the years to offer a variety of services within the community. Our first NYS Office of Mental Health certified Community Residence opened in 1978; we now successfully operate two Community Residences, and a licensed Community Treatment Apartment program. We provide Level II supports to 58 adult/young adult individuals between both Warren and Washington counties. Each treatment residential setting provides a high level of support for people in the earliest stages of recovery with the overall goal to provide short-term, focused skill development in a home-like setting. Individuals are referred through SPOE processes and are more often than not individuals who are homeless, unstably housed; or at risk of homelessness, and have co-occurring disabilities along with their mental illness. Among those co-occurring disorders are substance abuse, intellectual/developmental disabilities, histories of foster care, criminal/juvenile justice involvement, incarceration, or domestic violence to name a few. In the 1990's WWAMH began providing Supported Housing services to help SMI individuals secure and maintain clean, safe, affordable housing within the community. The Supported Housing program has grown from 12 units to today's 60. Currently we serve 42 individuals and their families within the community while 18 of the units are a part of our Housing First Permanent Supportive Housing Program. In 2009 WWAMH opened our Housing First Program. Housing First is our first Permanent Supportive Housing program, named for the housing first model it employs. Housing First provides safe, affordable, permanent housing for 18, previously homeless, SMI adult individuals. Residents are provided stable housing in an empowering, supportive environment with the goal of increasing residential stability, enhancing tenant skills and fostering greater self-determination. In addition to housing WWAMH provides Outpatient Clinic Therapy and Psychiatric services to both adults and children, Health Home Care Management, Representative Payee services, a Dual Recovery Program and a Psychosocial Rehabilitation Social Club for adults. All services focus on the individual's strengths, needs, goals, and desires for a qualitatively successful and stable life, regardless of any other disabling condition or life challenge. Given the full array of services and supports, along with our numerous collaborations and close working relationships with other providers within our community, any individual residing in our proposed residential project could find much success in their recovery and independent living. The WWAMH proposed project will provide 28 ESSHI units of permanent supportive housing and 6 transitional SRO type units. While not officially part of the ESSHI, the transitional SRO units will provide a stable interim setting for the SMI individual in-between housing options and will likely assist prospective ESSHI tenants, as they navigate the intake process, for the ESSHI units. The SRO unit rents will be negotiated with DSS or the individuals themselves as appropriate. The SRO units will be set up as a type of suite with a shared kitchen, bathroom and shower. While part of the building, it will be set apart from the apartments. The ESSHI project will be using a housing first, low demand model for all prospective tenants. The 28 ESSHI units will be comprised of 0-3 bedroom units. Our target homeless populations are 14 adults with Serious Mental Illness (SMI), four units for homeless young adults between 18-25 years old, four units for victims/survivors of domestic violence 8 units for chronically homeless. Four units will be for families (3 two bedroom and 1 three bedroom unit). We have a contingency contract to purchase our desired site for our housing project. The location in mind is in close proximity of our Glens Falls location, where our HHCM's offices are as well as our East Side drop in center. The site, 47-50 Cooper Street, is appropriately zoned and will not require any variances for our proposed project. The site is on the bus route and within walking distance to shops and services in Glens Falls. The ideal of the two sites sits across the street from our Glens Falls office and is our first choice. We envision a very similar blueprint as our current two story building, which serves 18 individuals. We believe we can serve the 28 units with a similar staff as we serve the current 18 in our Hudson Falls site. It is through this economy of scale that will allow us to operate with less than the maximum \$25,000 per unit ask. It is our plan to utilize the same team we used for our original Housing First program. Architect Owen Neitzel P.A. of Harris A. Sanders, Architects P.C. and Dave Crandall of Mercer Construction. They have both been contacted and have expressed a desire to collaborate on this new project. Given our decades of experience, in providing housing options to SMI individuals, we know that a clean, safe, affordable living environment, along with staff supports, has positive outcomes for the majority of those we serve. Stable supportive housing has proven to reduce use of emergency medical services, negative interactions with law enforcement and an increase in overall mental and physical health. Such outcomes are our goals for our tenants. Staff will make themselves available to the tenants to address identified goals or concerns and direct them to resources to address those items. Since 2009, Warren Washington Association for Mental Health has had great success with our Housing First program. The philosophy of the program is that a person's home is of the utmost importance and if a person can maintain their home they will be more successful in all other areas of their life. The program has helped to reduce the number of times residents have accessed emergency health or mental health care, been admitted to the hospital, 7/24/2017 IntelliGrants - Document #OMH01-ESSHI2-2017-00066 [https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/Object2.aspx?Print=1](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/Object2.aspx?Print=1) 28/23 become involved with law enforcement, providing a cost savings for Medicaid and other community services. Residents are not required to be in treatment but are encouraged to do so and to access needed services, with staff support if necessary. Housing First has been very successful over its nine years in serving a population with histories of chronic homelessness and unsuccessful outcomes in more transitional settings. There have not been any evictions to date and most individuals leaving the program have moved to more independent settings and/or reunited with family members. Based on Housing First's 100% occupancy, an ongoing wait list, as well as data and anecdotal information supplied by our HHCM's, as well as local providers, it is clearly evident that there continues to be a demand for more housing with the same concepts and supports within our community. Just as we do with our current Housing First program, the proposed supportive housing program will provide a wide range of services to the targeted population. These services are designed to assist eligible families, individuals and young adults to live independently and remain stably housed. Individuals and families will be linked with health services; physical and behavioral/mental health. Transportation to and from appointments as well as advocacy with service providers on behalf of tenants will be provided. Health education will be ongoing as indicated, to include family planning, parenting skills development and support, family reunification and stabilization, children's services and educational advocacy, including GED support. Families and individuals may be offered and/or linked to social and recreational services. Employment and vocational training and/or assistance, and life skills training will be offered. Staff will assist individuals through case management, assisting with legal issues and the court process as needed, benefit acquisition, management and documentation, and eviction prevention services. Skill building on tenant responsibilities may also be a focus. Additionally, counseling and crisis intervention, trauma informed assessment and care and services, and risk assessment/reduction/safety planning will be part of the overall program. Information on other services to meet tenant's needs and referrals as appropriate will be readily available. If requested, services will be provided to connect individuals to other housing options, as well as assisting with housing applications and documentation requirements. The physical environment of the proposed program will have building security services to ensure tenant safety. Separate entrances will be designed for the varying populations for additional security. The Homeless Management Information System (HMIS) will be utilized to document and track data. For the safety of our clientele and staff, all new hires are fingerprinted and given an extensive background check before being allowed to work alone with clients. WWAMH provides training to all staff on safety and security. We have OMH trained Safety Trainers, on staff, who provide annual training for all employees. Staff must maintain certification in CPR and First Aid and a First Aid kit and AED will be readily available onsite. WWAMH uses an online training service through Relias learning. The service provides, online, mandated training for NYS Justice Center Code of Conduct, NYS Justice Center Mandated Reporter training, Incident Management training, HIPAA Privacy training, Infection Control training, Corporate Compliance and Ethics training, and Cultural Diversity training. Optional trainings are offered through Relias for all staff. The Relias program helps to remind, through e-mails, Human Resources, Program Coordinators and Staff of needed annual updates for all mandated trainings. Our current Housing First program uses the following safety and security measures: keyed and electronically locked doors (Tenants are provided key fobs), security cameras on premise, siren bar alarms on alternative exits, 24/7 staff including awake overnight staff for security and housekeeping, on-call support, hard-wired fire alarm system, smoke detectors, CO2 detectors, sprinkler system, double locked tenant files, ongoing communication with law enforcement, local hospital/behavior health team as indicated. It is our plan to employ very similar steps for our current proposed project. We have given thought to the strategic placement of our common entrance and doors separating parts of the building with key fobs for enhanced security. Each key fob will be programmed for access to the parts of the building that is specific to the needs of the tenant allowing for added security. Separate entrances will be designed for varying populations for security purposes. We intend to construct the building to have separate access for our family units. Program staff will meet upon each shift change to ensure communication of issues within the building, specifically with individuals who may be experiencing an increase in mental health symptoms which may pose a risk to themselves or others. Counseling/crisis intervention will be offered to these individuals. Site staff will always have an administrative staff as an on-call resource. WWAMH has operated our 18 bed Permanent Supportive Housing program, Housing First, for nine years and has regularly kept

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
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4. Click Forms Menu to return to the navigation links.

**Other Expenses Detail**

If Other Expenses is not applicable, leave this section blank.

**Details**

<b>Other Expenses - Type/Description</b>	Tenant Stipends
<b>Justification</b>	Based on the most recent AMI for the Glens falls area at \$64,100 and family composition along with the Rent information provided by Sheller Plus Care.
<b>Financial</b>	
Total Grant Funds	\$71,654.00
Total Match funds	
Match %	0%
Total Other funds	\$0
<b>Line Total</b>	<b>\$71,654.00</b>
<b>Category Total</b>	<b>\$249,826.00</b>

Click here to see a summary of the detail entered for this category.

**CATEGORY TOTAL SUMMARY****OTHER NARRATIVE****Instructions:**

1. Please complete all the required fields.
2. Select the Save button above to save your work frequently.
3. Click Forms Menu to return to the navigation links.

**Other Expenses Narrative**

If applicable, please provide an explanation of any extraordinary costs or significant changes to the original contract. For example, a program may have a dollar threshold whereby the other cost category expenses of a certain amount must be justified.

**EXPENDITURE SUMMARY****Instructions:**

1. Save this form to display a roll-up of the category budget details.
2. Click Forms Menu to return to the navigation links.

Category of Expense	Grant Funds	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
<b>1. Personal Services</b>						
a) Salary	\$333,126.00	\$0	0%	0%	\$0	\$333,126.00
b) Fringe	\$99,938.00	\$0	0%	0%	\$0	\$99,938.00
Subtotal	\$433,063.00	\$0	0%	0%	\$0	\$433,063.00
<b>2. Non Personal Services</b>						
a) Contractual	\$16,620.00	\$0	0%	0%	\$0	\$16,620.00
b) Travel	\$134.00	\$0	0%	0%	\$0	\$134.00
c) Equipment	\$11,700.00	\$0	0%	0%	\$0	\$11,700.00
d) Space/Property & Utilities	\$52,000.00	\$0	0%	0%	\$0	\$52,000.00
e) Operating Expenses	\$9,900.00	\$0	0%	0%	\$0	\$9,900.00
f) Other	\$161,308.00	\$0	0%	0%	\$88,517.00	\$249,826.00
Subtotal	\$251,663.00	\$0	0%	0%	\$88,517.00	\$340,180.00
Total	\$684,726.00	\$0	0%	0%	\$88,517.00	\$773,243.00
PERIOD TOTAL	\$0					

**WORK PLAN OVERVIEW FORM****Instructions:**

The purpose of this form is to capture organizational information necessary for application processing, as well as a detailed accounting of the proposed or funded project. It is made up of three sections:

Where are the  
Funds coming from  
Rental Direct



within budget. Based on our experience we propose a similar staffing pattern for our proposed project as we currently use for our 18 bed Housing First program. Through this economy of scale are below the \$25,000 per unit ask. Staffing consists of a Program Coordinator, Assistant Program Coordinator, and a team of Residential Counselors (in addition to the overnight front desk coverage) who will comprise the care team for the residents. Each resident will work with the care team on developing an individual service plan consisting of services and goals the resident needs and/or wishes to accomplish. Examples of such plans could consist of housekeeping assistance, life skills training and support, cooking, personal hygiene, shopping, service linkage, transportation, housing case management and resident advocacy, medication management assistance, meals, etc. In addition to the program care team, the facility will be designed to accommodate the co-location of other HHCM support staff from WWAMH. These staff members will be available to provide services to residents that wish to participate. WWAMH will offer counseling, facilitated support groups activities, transportation and other life skills supports and social recreational activities. It has been our experience that once stably housed and comfortable in their new environment most residents begin to consider more supports. Once engaged we anticipate positive outcomes for residents including housing stability, maintenance of personal income, achievement of resident-established goals leading to increased independence, and decreased chemical dependency and mental health hospitalizations.

#### Organizational Capacity

Describe the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

WWAMH has operated a very successful Housing First Program, very similar and to our proposed project, for nearly a decade. We have engaged the same Construction Partners as we used for our Housing First program. Our experience, in running our current program, informs our proposed staffing for this ESSHI proposal. Staffing consists of a Program Coordinator, Assistant Program Coordinator, and a team of Residential Counselors (in addition to the overnight front desk coverage) who will comprise the care team for the residents. Each resident will work with the care team on developing an individual service plan consisting of services and goals the resident needs and/or wishes to accomplish. Examples of such plans could consist of housekeeping assistance, life skills training and support, cooking, personal hygiene, shopping, service linkage, transportation, housing case management and resident advocacy, medication management assistance, meals, etc. Program Coordinator and Assistant Coordinator qualifications will be a college graduate with a minimum of an Associate's degree and five years' experience in human services. Residential Counselors will ideally have a college degree or HS diploma with some experience in human services. In addition to mandated trainings WWAMH offers regular trainings to staff to help develop skills within their respective positions. Over the years WWAMH has partnered with other neighboring human service agencies to offer continuing education through workshops offered by The Association for Community Living or SUNY Adirondack. Some examples of those training are Understanding Behavior Communication Skills, Creative Thinking and Problem Solving, Motivational Interviewing, and Vicarious Trauma to name a few. Just recently agency Administrative staff was encouraged to participate in a 6 course Leadership Development Program. WWAMH has a continued commitment to preparing staff to better serve our clientele as well as prepare our future leaders. For the safety of our clientele and staff, all new hires are fingerprinted and given an extensive background check before being allowed to work alone with clients. WWAMH provides training to all staff on safety and security. We have OMH trained Safety Trainers, on staff, who provide annual training for all employees. Staff must maintain certification in CPR and First Aid and a First Aid kit and AED will be readily available onsite. WWAMH uses an online training service through Relias learning. The service provides, online, mandated training for NYS Justice Center Code of Conduct, NYS Justice Center Mandated Reporter training, Incident Management training, HIPAA Privacy training, Infection Control training, Corporate Compliance and Ethics training, and Cultural Diversity training. Optional trainings are offered through Relias for personal growth and made available to all staff. The Relias program helps to remind, through e-mails, Human Resources, Program Coordinators and Staff of needed annual updates for all mandated trainings. Through these redundant reminders we are better able to maintain up-to-date trainings.

#### OBJECTIVES AND TASKS

##### Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Target Population
Objective Description

Define the target population(s) of the project.

#### OBJECTIVES AND TASKS

##### Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Referral Source(s)
Objective Description

Identify the referral source(s) for each target population.

#### OBJECTIVES AND TASKS

##### Instructions:

1. Select the View/Add link next to a Task to add or edit the Performance Measures for that Task.
2. Click Forms Menu to return to the navigation links.

Objective
Objective Name
Anticipated Outcome(s) of the project

4. Click Forms Menu to return to the navigation links.

**Objective: Referral Source(s)**

**Task:** Please identify the referral sources for the ESSHI project.

**Performance Measure Name**

Regular engagement with referral sources within our community

**Narrative**

WWAMH will continue to engage monthly and bimonthly with Community Support Services Single Point of Entry as well as the CoC's Coordinated Entry process. Referrals are most likely to come through these sources. Once we achieve 100 percent occupancy an active wait list will be maintained and reviewed monthly at SPOE and through CE.

As vacancies arise, and assuming there is not an appropriate identified individual on our active wait list, we will seek out our community partners to identify those they feel meet the identified vacancy demographic.

**PERFORMANCE MEASURE****Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the Save button.
3. To add another *Performance Measure*, when applicable, select the Add button above.
4. Click Forms Menu to return to the navigation links.

**Objective: Anticipated Outcome(s) of the project**

**Task:** Describe how your agency will measure housing stability.

**Performance Measure Name**

Tenants will become stably housed

**Narrative**

Staff will maintain information on and report annual report of bed stays within the housing program. Staff will maintain a daily log informing staff of any issues tenants are having with their housing. Through regular monitoring of the program staff will be better informed to provide interventions as appropriate to address housing issues. Staff will engage tenants to offer guidance and, when and if the tenant is agreeable, work on individual goals to help employ steps to mitigate those identified issues that contribute to unstable housing.

**PERFORMANCE MEASURE****Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the Save button.
3. To add another *Performance Measure*, when applicable, select the Add button above.
4. Click Forms Menu to return to the navigation links.

**Objective: Anticipated Outcome(s) of the project**

**Task:** Describe an additional anticipated outcome for the residents and how your agency will measure.

**Performance Measure Name**

Tenants will reduce usage of emergency medical services.

**Narrative**

Staff will monitor tenants usage of EMS and whenever able, with the tenants approval whenever able, provide appropriate interventions and suggestions to choose alternative strategies to have needs met. Staff will continue to develop relationships with tenants to better engage them in their recovery on their own terms. With the approval of the tenant, staff will work on goals and strategies to have needs met, alternative to EMS. EMS usage will be reported annually

**PERFORMANCE MEASURE****Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the Save button.
3. To add another *Performance Measure*, when applicable, select the Add button above.
4. Click Forms Menu to return to the navigation links.

**Objective: Anticipated Outcome(s) of the project**

**Task:** Describe an additional anticipated outcome for the residents and how your agency will measure.

**Performance Measure Name**

Tenants will reduce contacts with law enforcement

**Narrative**

Staff will monitor and notate tenant interaction with law enforcement. With tenant approval, staff will engage with the tenant to identify and mitigate those behaviors and choices that lead negative experiences with law enforcement.

**PERFORMANCE MEASURE****Instructions:**

1. Enter a *Performance Measure* in the field(s) provided below.
2. Select the Save button.
3. To add another *Performance Measure*, when applicable, select the Add button above.
4. Click Forms Menu to return to the navigation links.

**Objective:** Anticipated Outcome(s) of the project

**Task:** Describe an additional anticipated outcome for the residents and how your agency will measure.

**Performance Measure Name**

Tenants will maintain/improve monetary resources

**Narrative**

Staff will identify tenants resources and , with tenant approval, engage the tenant to identify additional resources available to them. Staff will offer assistance with application of or re certification for available resources. Income and resources can be recorded and reported annually.

**PRE-SUBMISSION UPLOADS****Instructions:**

1. Select the Browse button to locate an upload.
2. Select the Save button above to load it into the system.
3. If the Grant Opportunity you are applying for requires that a specific document be uploaded, a link to the Document Template will appear under the upload row. Click the link to download and save the Document Template to your computer. Once you have filled out the Document Template you can use the associated Upload row to upload the document as part of your application.

**ESSHI tenant profile\***

Projected tenant profile for ESSHI units.

FileNetDocRetrieval.aspx?docID={BF3AA415-930F-4710-8555-92ED92A2759E}

Document Template: [Click here](#)

MRT Questionnaire (Appendix A)

MRT Questionnaire if appropriate.

Document Template: [Click here](#)

Additional document upload space

Space is provided for supplemental information to be uploaded.

FileNetDocRetrieval.aspx?docID={0EBCD0E8-ABE7-4B24-B00D-215D4EB7623D}

Document Template: [Click here](#)

Grants Gateway Quick Start Guide

Quick Start Guide provides information pertaining to the use of Grants Gateway.

Document Template: [Click here](#)

**Attestation**

By clicking the I Agree button below, you certify and agree that you are authorized on behalf of the applicant and its governing body to commit the applicant to comply with the requirements of Article 15-A of the New York State Executive Law: Participation By Minority Group Members and Women With Respect To State Contracts by providing opportunities for Minority-owned Business Enterprise (MBE)/Woman-owned Business Enterprise (WBE) participation. You further certify that the applicant will maintain such records and take such actions necessary to demonstrate such compliance throughout the completion of the project.

By clicking the I Agree button below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving Assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

Submitted By: John Schurge Submitted On: 6/18/2018 1:57:22 PM

Amel - Discussion